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Experiences of Community Health Nurses in the Delivery of Healthcare Services to the GIDA Population

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ABSTRACT

The research study described the experiences of community health nurses in delivering healthcare services to Geographically Isolated and Disadvantaged Areas (GIDA) population. Also, the research aimed to inform current practitioners, aspiring community health nurses, local health units, and the Department of Health. Utilizing a qualitative narrative inquiry approach, 16 community health nurses from a municipality in Quezon Province underwent semi-structured face-to-face interviews. The findings revealed four themes regarding their experiences – adapting to new roles, meaningful work despite hardships, physical demands, and having purpose and passion to help. The challenges they encountered revealed themes such as geographic barriers, mobility issues, financial constraints, inaccessible healthcare services, limited experienced healthcare professionals, inclement weather conditions, long travel time, and supply shortages. Additional themes concerning their coping strategies include personal motivation and commitment to service, support system and community appreciation as sources of strength that the local government support through communication and coordination and being resourceful. Furthermore, themes from nurses' perceived roles include healthcare provider, advocate for health equity, health educator, and community health and program implementer. Based on these insights, the researcher developed a journal guide entitled *"Community Health: Shaping Stories, Shaping Lives,"* which compiles narratives of experiences, challenges, coping strategies, and professional roles. This guide aims to serve as a reflective and practical tool for community health nursing practice in GIDA settings.

Keywords: *community health nurses, experiences, GIDA Population, healthcare services*

INTRODUCTION

Geographically Isolated and Disadvantaged Areas (GIDAs), also referred to as geographically isolated and economically disadvantaged areas, are poor provinces that are cut off from the rest of the Philippines by physical barriers which lack basic services. These places are commonly inadequate with health facilities, education, infrastructure and employment opportunities (Collado, 2019; DOH, 2020; Cariaso et al., 2024). Community healthcare nurses (CHNs) serve as the frontline of delivering health care in the underserved and far-flung areas of the country (Allgood, 2019; DOH, 2020; Nyande et al., 2024). As integral members in the field of health care, community health nurses are in unique positions to provide services ranging from promoting public health and providing preventive measures to treatment and rehabilitation often in challenging and resource-constrained environments (Mangune, 2024; Ram et al., 2024).

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Community health nurses serving remote and disadvantaged regions can greatly affect the success of public health promotions and health care provision to these populations. There is also an adamant call to meet the necessities of a community, for both individuals and families, in which community health nurses are able to meet (Purdue Global, 2025).

However, there remains a limited understanding of how community health nurses describe their day-to-day realities, focusing on the challenges they face, the coping mechanisms they employ, and their perceived role in improving community health within specific locality contexts. Key challenges identified include geographic barriers, limited resources, cultural differences, and the emotional strain of working in isolation (May et al. 2021; Collado, 2019;

Pradhan and Adhikari, 2022). The study also examined how community health nurses manage these challenges through resilience, peer support, community engagement, and personal motivation. Additionally, the research investigates how community health nurses perceive their roles not only as care providers but also as educators, advocates, and health system navigators highlighting their significant contribution to public health in remote areas.

According to the Republic Act No. 9173 officially known as Philippine Nursing Act of 2002, community health nursing is a recognized specialty due to their unique functions and importance to the community. They are expected to provide health care services, promote health and prevent illness, as well as to participate in community development activities (Republic Act No. 9173 s. 28, 2002). Community health nurses, alongside other medical professionals, have been designated by the national government to deliver healthcare services in rural areas.

Additionally, the Republic Act No. 1082, officially recognized as Rural Health Act of 1954, is an important legislative measure that ensures the government to offer fundamental health care services which focus on the people residing in remote areas. The primary objective of the law is to recognize the essentiality of the community health nurses in delivering primary healthcare services to the community (Republic Act No. 1082 s. 2, 1954). The RA 1891 was an amendment to the Rural Health Act which categorizes Rural Health Units (RHUs) based on population size (RA No. 1891, Sec. 2b, 1957).

The passage of RA No. 11223, or the Universal Health Care Act of 2019, marked a significant step toward inclusive and people-centered health services. The Department of Health, in support of this, formulated the Human Resources for Health (HRH) Masterplan for 2020–2040, which estimated a need for 12,950 nurses in barangay health stations and 240,000 nurses in Rural Health Units to meet Sustainable Development Goals (DOH, 2020). According to DOH Administrative Order No. 2020-0023, barangays are classified as GIDAs based on geographic inaccessibility and socioeconomic indicators, such as indigenous population and 4Ps enrollment. Local Government Units must coordinate with the Department of Health to access targeted resources and personnel (DOH AO No. 2020-003, 2020).

According to the DOH Memorandum No. 2024-0459, there are a total of 7193 unserved and underserved areas in the country. In the CALABARZON region, Quezon province had the most areas at 185 out of 236 in the region alone. (see appendix G) This could be due to geographical barriers, presence of indigenous population, socioeconomic factors, and military conflicts which are prevalent in the province. Majority of GIDA barangay in the Quezon Province are in category 0, meaning no assigned nurse in their health station, or in category 1 where a government nurse visits at least once a month.

In connection with this, Parial et al. (2024) focused on workload and staffing in health care facilities in certain GIDA communities in Surigao del Norte, Philippines. When compared to the staffing need methodology from World Health Organization and primary data records from the area, there is a lack of assigned community health nurses in barangay health units as well as overreliance on temporary staffs. Aside from lack of resources defined by Collado (2019), there is also a shortage on assigned barangay health workers in GIDA population which must also be considered.

Parial et al. (2024) focused on the conditions of barangay health workers and community health nurses in GIDA population while Collado focused on barangay health workers in the GIDA population

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alone. However, certain areas even within the province have unique needs as well as resources due to differences in social, cultural, economic, and material factors. There are limited local studies involving community health nurses in GIDA population. As a response, this current study aims to provide a research gap in other municipalities classified as GIDA areas. In addition, the current study also dives into the coping strategies and perceived roles in the community which were otherwise absent in previous studies.

As an output of the study, a journal guide will serve as a tool for the community health nurses to gain in-depth insights and enhance their coping strategy as they face the challenges and personal experiences in the community. Additionally, this journal guide will also explore how their personal/professional worlds may intersect with the delivery of health care services on population level outcomes for those they serve by discovering some key challenges, obstacles, and contingencies encountered when delivering healthcare at these sites.

Statement of the Problem

Generally, this study determined community health nurses' experiences in providing health care to the Geographically Isolated and Disadvantaged Areas (GIDA) Population.

Specifically, this sought to answer the following:

1. How do Community Health Nurses describe their experiences in the delivery of healthcare services while working with the GIDA Population?
2. What are the primary challenges that the Community Health Nurses are experiencing in the delivery of healthcare care services to the GIDA population?
3. How do Community Health Nurses cope with the challenges of serving GIDA community people?
4. How do community health nurses perceive their role in improving the health of the GIDA Population?
5. Based on the result of the study, what journal guide can be produced for the Community Health Nurses containing the experiences of the deployed Community Health Nurses in GIDA Population?

Assumptions

The study focuses on experiences of community health nurses in the delivery of healthcare services to the Geographically Isolated and Disadvantaged Areas (GIDA) population. The following assumptions were made:

1. The Community Health Nurses working with GIDA population encounter a diverse range of experiences.
2. The Community Health Nurses working with GIDA population have varied challenges in the delivery of care to the GIDA population.
3. The Community Health Nurses utilize various coping mechanisms in facing the challenges in serving GIDA population.
4. The Community Health Nurses have differing perceptions in their delivery of healthcare services to GIDA population.

Theoretical Framework

This study was guided by three theoretical foundations: Role Theory by Biddle (1986), Stress and Coping Theory by Lazarus (1966), and Ecological Systems Theory by Bronfenbrenner (1979). These theories served as analytical lenses that grounded the research in relevant concepts, clarified the variables under investigation, and provided a structured interpretation of the data gathered from community health nurses deployed in Geographically Isolated and Disadvantaged Areas (GIDA). Each theory was selected based on its relevance to the study objectives, organized according to the Statement of the Problem:

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experiences in delivering health care, challenges, coping mechanisms, perceived role, and the proposed development of a journal guide.

Role Theory, developed by Biddle (1986), asserts that human behavior is shaped by the expectations associated with social positions. Individuals perform roles based on societal norms and internalized expectations, which are reinforced through communication, social structures, and institutional demands. The theory emphasized the interaction between role definition and individual conduct within a specific social context.

This theoretical perspective is aligned with the study's first objective which respectively pertained to the actual experiences of delivering health care of community health nurses in GIDA communities. The Role Theory provides the foundational basis for understanding how nurses individually interpret and fulfill their responsibilities amid the material constraints of geographic isolation, limited resources, emotional burden, and cultural differences as well as constraints provided by local government units and the Department of Health. Understanding community health nurses meeting of such expectation being met in practice elucidated on the dynamic interaction between the individual nurse and the community structures they serve, it further supported the interpretation of how clearly defined roles, continuous training, interprofessional collaboration, and community participation potentially enhance the effectiveness of delivering healthcare delivery in GIDA settings.

Lazarus' Stress and Coping Theory (1966), further elaborated by Folkman (2020), conceptualizes stress as a product of the interaction between an individual and their environment, particularly when the demands of a situation are perceived to exceed available coping resources. Coping is understood as a process involving cognitive and behavioral efforts to manage internal or external demands perceived as taxing or overwhelming.

This theory is relevant to the second and third objectives of the study, which examined the primary challenges faced by community health nurses in GIDA and the coping mechanisms they employ. The Stress and Coping Theory allows for a deeper understanding of the physical, emotional, and psychological burdens experienced by nurses in these settings. These stressors may include logistical constraints, safety concerns, professional isolation, and cultural barriers – most of which pose strains on community health nurses role in the community. The theory supports the analysis of how nurses appraise these stress-inducing situations, what coping strategies are used, and how these strategies influence their well-being and job performance. It also informs the assessment of which stress management techniques—such as peer support, reflective practice, continuous learning, or personal self-care—are most effective in sustaining their motivation and resilience.

Role Theory also aligned with the study's fourth objectives which pertained to the perceived role of community health nurses in GIDA communities. It highlighted nurses' perceived role, particularly their established internal expectations, as shaped by social expectations from institutions. Based on Role Theory, community health nurses often take multiple roles as a public health advocate, educators, caregivers, and even primary care providers in certain situations (Laurs, 2021). Due to the differences between the expectations and actual enactment of such roles, there can be role strains and conflicts which can lead to stress when left unresolved. Additionally, role strains and conflicts coincide as sources of stress as explained in Stress and Coping Theory. This further reinforces the significance of looking into their experiences as means to improve their conditions, thereby improving delivery of health care in GIDA communities.

Finally, Bronfenbrenner's Ecological Systems Theory (1979), as discussed by Evans (2023), posits that human development is shaped by multiple, interrelated systems ranging from immediate interpersonal environments to broader sociocultural structures. These include the microsystem (direct interactions), mesosystem (connections between systems), exosystem (indirect environmental influences), and macrosystem (cultural, political, and economic contexts).

This theory underpinned the fifth objective of the study, which is the development of a journal that reflected the experiences and professional insights of nurses assigned to GIDA areas. The Ecological

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Systems Theory provided a framework for examining the layered influences that shape the work of community health nurses. At the microsystem level, nurses engage directly with patients and families, building trust and providing essential services. The mesosystem reflects interactions between healthcare workers, local health units, and support networks that impact performance. The exosystem includes broader infrastructure, health policies, and organizational structures that indirectly influence service delivery. The macrosystem encompasses national health priorities, resource distribution, and cultural values affecting public health. This theory supported the development of a journal to situate the experiences of nurses within their broader context, directly reflecting on the complex environment surrounding the experiences of community health nurses. Such a guide can provide reflective insights, recommendations, and context-based strategies for future deployments in similar settings.

Together, Role Theory, Stress and Coping Theory, and Ecological Systems Theory provided a comprehensive framework for analyzing the complex realities faced by community health nurses in GIDA settings. Role Theory elucidated the expectations and functions that guide community nurses' professional conduct and self-perception. Stress and Coping Theory provided insight into the psychological and emotional dimensions of their work, particularly in relation to the challenges they routinely encounter and the strategies they employ to maintain their well-being. Ecological Systems Theory summarized these individual experiences as shaped by complex environmental, institutional, and societal systems that influenced healthcare delivery in GIDA populations. The integration of these theories allowed for a nuanced understanding of the lived experiences of community health nurses, offering a strong foundation for the development of a journal guide that captures the realities of their service and informs future practice in similarly marginalized and underserved areas.

The journal as an output was modeled as a reflective journal wherein the experiences – delivery of healthcare services, challenges, coping mechanisms, and perceived roles -- of community health nurses serving in GIDA population in one of the municipalities in the Quezon Province were recounted. Each section included a page where the reader can write their own realizations and how their experiences differed from the ones provided in the journal.

Theoretical Paradigm

Figure 1 presents the theoretical paradigm consisting of the theories utilized in the study and how it explained the respective variables in the research namely: delivery of healthcare services, challenges, coping mechanisms, and perceived role of community health nurses in GIDA populations.

This figure presented three theories namely, Role Theory, Stress Coping Theory and Ecological System Theory, which formed the theoretical framework of the study. The Role Theory (Biddle, 1986) explained the normative expectations and functional responsibilities that shape community health nurses' perceived role in their communities. The Stress Coping Theory (Lazarus, 1966; Folkman, 2020) formed the foundation of origins of stress and community health nurses' coping strategies to mitigate such stresses in the environment. Lastly, the Ecological System Theory (Evans, 2023) tied the two theories together which affects CHNs' delivery of health care to GIDA population along with other environmental factors. Altogether, these frameworks offered a comprehensive lens to understand the experiences of community health nurses which can be useful in the development of a journal which is the output of the study. Through this, the researcher was able to demonstrate experiences of community health nurses in the delivery of healthcare services to the GIDA population.

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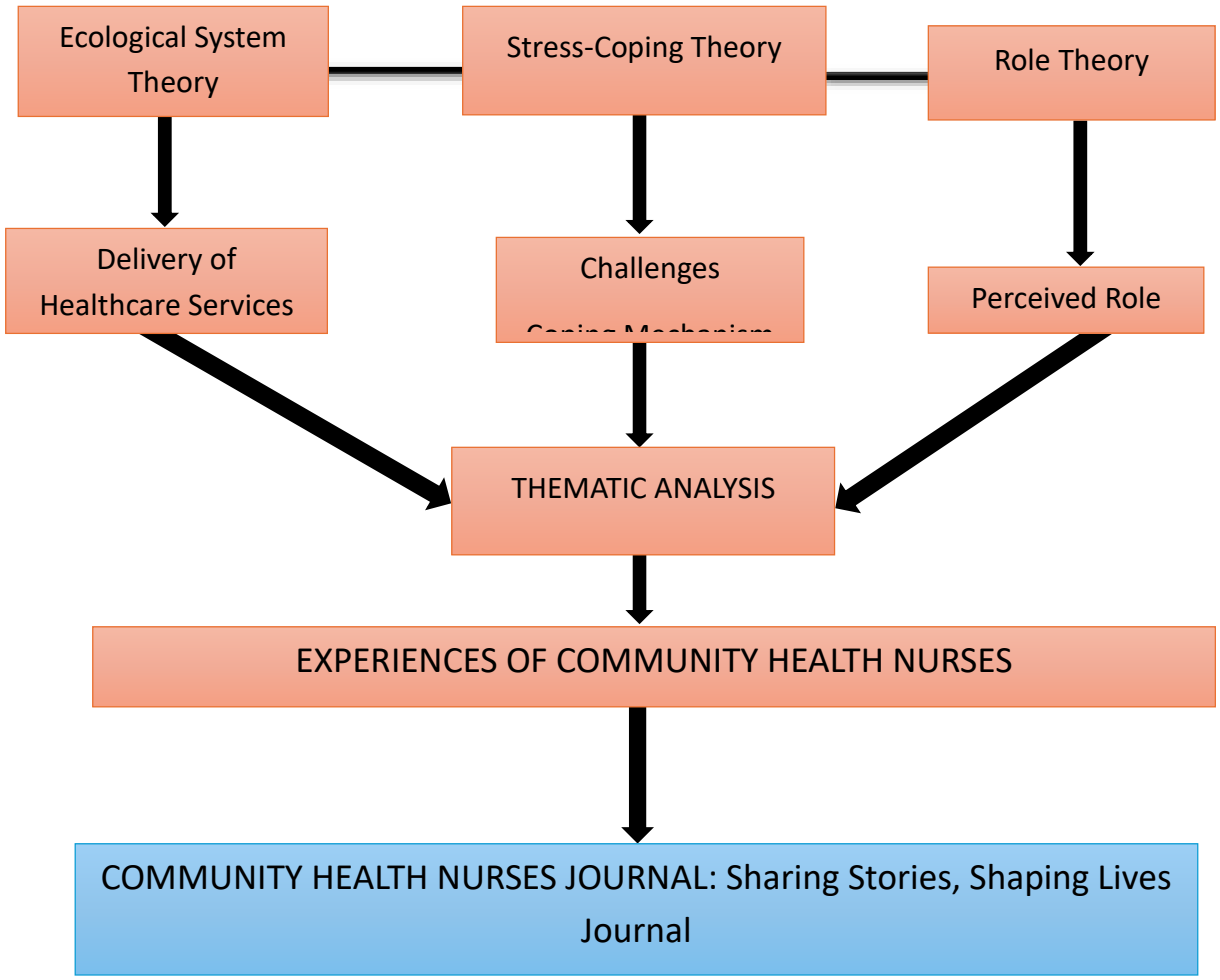

Figure 1. Theoretical Paradigm showing the Community Health Nurses' Experiences in delivering Healthcare Services to the GIDA population.

Significance of the Study

The significance of this study lies in its exploration on the role of Community Health Nurses' (CHNs) experiences in the delivery of health care services to the GIDA population, offering valuable insights in nursing organization, policy-making and future research in the local government unit.

This study will show the experiences of community health nurses including the challenges encountered by all the nurses working in the community particularly in GIDA population and how they cope with it daily. The researcher aims to provide a journal as an output containing their personal experiences that will serve as a guide for the future community health nurses.

Moreover, this study enumerates the challenges faced by community health nurses, which can guide the Association of Nursing Service Administrators of the Philippines (ANSAP) in formulating evidence-based intervention programs. These programs aim to address the specific difficulties encountered by nurses serving in GIDA communities. The findings can assist the ANSAP in developing targeted strategies to enhance healthcare delivery and support the professional development of community health nurses.

The findings of the study will help the GIDA population/ clients to understand the daily struggles faced by the community health nurses while rendering services to their own community. This could also

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enable the members of the community to understand better the health services offered to them as patients. This may lead to better health outcomes and involvement since the relationship between the nurses and people they intended to help would be more collaborative.

This study will be beneficial also to the Rural Health Unit because the experiences of community health nurses serving the GIDA population could provide an in-depth understanding to the members of each department that could be beneficial to the improvement of the delivery of healthcare services.

This study will help the Local Government Unit to cooperate and anticipate the additional monetary needs of the Rural Health Unit. This will assist them in providing additional materials and instruments needed to provide a better-quality standard of healthcare services particularly in the GIDA community.

The findings of the study will aid the Department of Health (DOH) to bring more light to the healthcare situation in the various settings particularly to the GIDA population. This will help them to clarify the policy directions and interventions aimed at addressing specific community concerns and contribute to the enhancement of the healthcare setting in general.

Finally, this study will lay the groundwork for further research since this study is considered a general qualitative study regarding community health nurses' experiences in providing healthcare services to GIDA communities.

Literature Review

The research presents the relevant literature and studies considered to reinforce the rationale and significance of the present study. It also presents a synthesis of the personal experiences of community health nurses and how it influences the delivery of healthcare services to the communities they work with to fully understand the research for better comprehension of the study.

Related Literature

Community health nurses, along with other medical professionals, have been mandated by the national government as means to provide healthcare to rural areas. An amendment to the Rural Health Act, which initialized the formation of rural health units (RHUs), is the RA 1891 which defined eight (8) categories depending on population size (RA No. 1891 s.2b, 1957). In addition, provincial governments are also provided with means to empower their Rural Health Units. Local autonomy from provincial level down to barangay levels was provided by the Local Government Code of 1991. In particular, the local health board implements projects, programs, and supervises health services for their constituents (RA 7160 s. 102, 1991). With this, it is vital that local health boards provide the needed resources of CHNs to maintain quality of care to rural populations.

A more recent law passed is the RA 11223 or the "Universal Health Care Act" of 2019 which is a legal enactment of pursuing universal health care in the country. It provides the framework to establish a people-oriented approach in providing health services for Filipino citizens. The 2020-2040 Human Resources for Health (HRH) Masterplan, in particular, was formulated by DOH to address plans for healthcare workers. In 2019, there is an estimated requirement of 12,950 nurses in barangay health stations and 240,000 nurses in all rural health units in order to achieve the levels discussed in Sustainable Development Goals (DOH, 2020).

In the Philippines, community health nurses play an integral part in the promotion of universal healthcare (Philippine Nurses Association, 2019). They deliver services for several health concerns, in implementing and adopting health promotion strategies, and in delivering primary health care services to GIDA communities (Mallari et al., 2020). Some of the common tasks of community health nurses in the country are immunization campaigns, maternity, and child health, disease preventive services and education (Dizon et al., 2019). The significant involvement of community health nurses, especially in remote and disadvantaged regions has a major impact on disease prevention, health promotion, and health care provision to these population. There is an increasing recognition for community health nursing in

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addressing the wider needs of the population, and is adamant that it should be with the idea of promoting health and preventing diseases to both individuals and families (Caponnetto et al., 2024).

GIDA population are now defined by the Department of Health through the Administrative Order No. 2020-0023. In order for a barangay to be classified as GIDA, a barangay must have at least 25% purok/sitio with no access to an RHU within 60 minutes of travel as well as having 10% of the population as indigenous peoples or with 50% of its population enrolled in Pantawid Pamilyang Pilipino Program (4Ps). Local government units are mainly responsible to coordinate required information to the DOH to be classified as such and to avail distinct healthcare workers, resources, and funding (DOH Administrative Order No. 2020-003, 2020).

Since 2021, the Department of Health has created a website which presents GIDA metrics nationwide and can be filtered to specific provinces (DOH, 2021). As of writing, there are 7,034 GIDA barangays, the majority of which are concentrated in the Bicol Region which consist of 1,034 GIDA barangays. A total of 5,530 nurses are deployed in barangay health stations, 1,582 of which are dedicated full-time in the area. Some community health nurses only visit at least once a month. Despite the establishment of barangay health stations in place of RHUs, 23,305 sitio are affected seasonally in accessing such facilities which can be detrimental in events of natural hazards (DOH, 2021). The number of current community health nurses also fall below the 12,950 nurses measured in the DOH 2020-2040 HRH Masterplan, also affecting the quality of care provided in GIDA communities.

Despite the importance of community health nurses in pursuing universal healthcare, their sector remains to face challenges more especially in rural areas due to limited resources (Cariaso et al., 2024). The mortality and morbidity indices of the GIDA population is higher than the rates of representatives of the more fortunate strata of society. A series of problems regarding public health services and facilities in the town of GIDA are noted, such as lack of human resources, poor infrastructure, and greater prevalence of diarrhea and hypertension, constituting a major challenge in the community (Collado, 2019). In addition, the lack of essential resources can also inevitably increase mortality and morbidity due to unhygienic medical procedures (Collado, 2019). There is a need to link health nursing practices and government expectations by understanding the current competencies of the nursing workforce and provision of ample support in terms of healthcare facilities and professional development.

In response, the Magna Carta of Public Health Workers (RA 7305) has been enacted to ensure benefits for the fundamental sector (Lavado, 2011). While the law describes additional wages to compensate for basic necessities and hazardous nature of their work, hospitals, only a portion of the established obligations are given to healthcare workers as revealed in the review of the Philippine Institute for Development Studies (Lavado, 2011). If this is the situation of healthcare workers in urban settings, healthcare workers in rural settings are much more disadvantaged due to differences of resource allocations in municipalities as well as accessibility issues. Additionally, circumstances of a specific barangay such as availability of safe water, sanitation facilities, electricity, and presence of military conflicts can affect the quality of care needed and provided.

Related Studies

Allgood (2019) emphasized the critical role of community health nurses in overcoming barriers to care in the case of underserved population in the United States where they have higher likelihood to develop cardiovascular disease. The study attributed it to factors such as limited resources, socio-economic differences, and low health literacy. After reviewing community-based interventions rendered by community health nurses, there have been improved health outcomes in an area, leading to the proposal of an intervention strategy to cater to their population. Moreover, their study which aimed to describe the experiences of public health nurses has proven vital in highlighting their contributions to community well-being.

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The aforementioned study and the current study are different in terms of locality and focus, with the former having the effect of community-based interventions being the focal point. The approach by Allgood (2019) differs from the approach of community health workers (CHWs) in the Philippines in which the former only addresses non-communicable diseases. On the other hand, the former is generalized and legally mandated across all barangay units. Regardless, there is an undeniable benefit in community-based interventions in the advocacy of universal health care which supports the rationale behind the current study.

May et al. (2021) outlined the main challenges of community health nurses (CHNs) in certain parts of Myanmar. After analyzing data from 30 Community Health Nurses, half felt demotivation due to poor opportunities for career promotion, lack of standard professional education in handling rural-specific problems, and insecure work and living conditions. Poor transportation aggravates existing geographical barriers which also affect health systems in their country. While community health nurses are able to deliver care to patients, their ability to do so is compromised due to unfavourable interactions within the community on top of unstable employment and living situations. The findings presented in the research state that these difficulties are not peculiar to the sphere of healthcare but are influenced by such generic challenges as health literacy, poverty, geographical considerations, and incompetency in community health nursing practice.

Such findings from May et al. (2021) and the current study correspond to the challenges experienced by community health nurses serving the GIDA communities in the Philippines in terms of socioeconomic and geographical barriers. With this, the Philippines can benefit from the suggestions above, but still share a common call to strengthen health care worker initiatives through government support. Coping mechanisms are also missing in the mentioned study in which the current study aims to fill such gaps among community health nurses serving in GIDA population in Quezon. On the other hand, community health nurses share an understanding regarding their perceived roles in their community. Furthermore, both studies reinforced the existence of challenges in community health nurses currently working in rural areas.

Johnson et al. (2022) described the challenges experienced by community health workers in providing care in low socio-economic urban areas in Western Cape, South Africa by using a qualitative exploratory design. Common challenges described by community health workers include mental health of patients, work environment, patient communication, and social conditions. As a result, it affects their motivation in a sense that they are keen on gaining new knowledge as well as pursuing professional trainings in order to increase one's quality of care. The findings of their study emphasized the importance of nurses in the community as a negotiator between knowledge of health risk behaviours and individual lifestyle choices among their constituents.

The findings in the study of Johnson et al. (2022) are different from the findings by May et al. (2021) where demotivation took place, which can be attributed to cultural differences and material factors. On the other hand, the current study and Johnson et al. (2022) have similar sentiments regarding their perceived roles. Community health workers have a solid grasp on their perceived role in the community, which further supports the rationale of this study. Their findings along with the current research, however, still share a near-universal need to meet the concerns of community health personnel.

Ndu et al. (2020) presented a literature review focused on the community health workers in Africa and found five broad challenges that they face. Some experience burnout, leading to dropping out of the workforce due to family demands; inadequate funding, equipment, and staff/volunteer training; social pressures, stigmatization, and harassment from community members. Other problems include poor inter- and intra-organizational relations of community health volunteers with official health care organizations, leading to poor implementation of intervention programs. The aforementioned results therefore highlight the need for support across multiple spheres in order to increase the impact on health. In addition, these findings affirm that issues among community health workers are affected by social, cultural, and economic barriers which must be taken into consideration when it comes to solving their challenges.

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Furthermore, the study of Nyande et al. (2024) regarding the nurses in a rural district in Ghana further affirms that shortages in essential medicines and in-patient facilities contributed to poor child health outcomes which are the main focus of these nurses. These adversities are notorious for those areas where the availability and quality of healthcare services for the health of children are compromised which in turn have a significant effect on the health of children in these areas. Such findings also corroborate community-based interventions introduced by Allgood (2019) while supporting the need for continuous material support in achieving universal health care.

A literature review conducted by Hosseinnejad et al. (2022) brought to the core the significance of the role of community health nurses while experiencing threats such as immigration, bioterrorism, homelessness, and obesity in a community. In the context of the nursing sector in Iran, community health nurses continue to struggle. Similar issues also emerged such as lack of collaboration between policymakers and nursing managers, issues in implementation of policies, and poor infrastructure. However, other unique issues in Iran include vague definitions for the role of community health nurses as well as persisting culture of distrust among nurses as care providers.

Findings discussed by Hosseinnejad et al. (2022) contrasts with Philippines' community health nurses where the national government itself had defined CHNs and their specific roles in rural health units (DOH, 2020). The ways to help solve these problems consist of such an approach as transforming the healthcare system structure to one that is based on a community health model, setting up a legal framework to protect community health nurses, and supplying nursing students' training with a community-based approach as suggested by the experts in nursing. One of the first steps to take is to understand the current needs of community health nurses, which this study has undertaken.

Collado (2019) discussed the challenges of community health nurses and a midwife working in a GIDA community in Jomalig, Quezon. Their findings found no concerning rates of mortality, and the barangay health center provides basic medical interventions such as deworming medicine, family planning, and minor surgeries as well as feeding programs in the community. However, health services are compromised. In particular, anti-rabies vaccine and other medical procedures are not available in the barangay health unit which prompt individuals to travel to Lucena or even in other provinces to seek such services. Other factors such as lack of sanitation, ethnomedicine, poverty, lack of electricity, and geographical location were also identified as challenges in providing quality health care in Jomalig, Quezon.

The study of Collado (2019) is highly similar to the research problem resolved by the current population as well as the proximal locality. Despite the time gap of conducting respective studies, Collado (2019) provides a viable point of comparison to determine whether health facilities and other relevant conditions have improved over time. In addition, the current study also encompasses the coping mechanisms and perceived roles of community health nurses while serving in GIDA population in Quezon which allows for a more comprehensive description of their conditions. Regardless, both studies call for specific interventions appropriate to the needs of a certain locality.

A qualitative study conducted by Pradhan and Adhikari (2022) among community health nurses in West Bengal, India also highlighted challenges they encounter in providing health care. The study highlights the two main obstacles that community health nurses in this situation must overcome: the large number of patients which compromises their ability to offer complete comprehensive care to the patients; and bureaucratic work such as data entry and handling written documents. Such issues may not be applicable to community health nurses in the Philippines, but the implications of their study indicate the impact of extraneous workload which can affect quality of care on top of resource scarcity and high patient loads.

Li et al. (2022) explored the mental challenges as described by the community mental health workers in China. Despite the progress made in the community-based management of mental health through

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these workers, they experience confusion due to ambiguous role orientation, inadequacy in establishing trust among patients, and lack of interdepartmental communications regarding their concerns.

The identified issues in the study imply the significance of establishing communications between policymakers and community health care workers (May et al., 2021). Both the current study and Li et al. (2022) share the same sentiment to qualitatively assess community health workers' experiences in order to deliver an evidence-based intervention which will improve their quality of care. However, it should be noted that specific stressors vary based on the geographical area, availability of resources, and other discrepancies that can affect health care provision to underprivileged groups.

A similar study was conducted by Goh et al. (2022) which focused on community mental health workers in Singapore. All participants revealed that supportive organizations and communications with hospital partners as well as opportunities for enhanced training in providing difficult care are some ways to resolve challenges in their field of work. While Singapore and the Philippines highly differ in terms of geographical barriers and specific needs, both share the challenges in meeting concerns in the health care sector. Defining GIDA barangay and policies regarding rural health centers has been a major step taken by the Philippine government. However, the implementation and continuous allocation of resources as well as conducting regular dialogues with community health nurses still remain superior when it comes to supporting community health workers across the globe.

Ahmed et al. (2022) emphasized the vital function of community health nurses in improving health outcomes among marginalized population through a comprehensive review. Their study focuses on community health worker programs, frequently led by community health nurses in delivering essential health services to underserved communities. While these programs have enhanced healthcare access, structural barriers in socioeconomic and political contexts still persist that hinder progress in achieving universal health care.

This aligns with the current study in terms of highlighting the importance of community health nurses as providers of medical needs of GIDA communities. Both studies underscore the significance of community health nurses in reducing health disparities and emphasize the necessity for on-ground systemic support in disadvantaged areas. However, contextual differences exist. In countries with low-to-middle income, the focus is on structural and institutional barriers, whereas in GIDA population—such as those in the Philippines—challenges are more localized, including healthcare inaccessibility, limited resources, and cultural dynamics. These distinctions highlight the necessity for context-specific strategies to strengthen the role of CHNs in advancing community health.

Parial et al. (2024) looked into the workload and staffing in care facilities in certain GIDA communities in Surigao del Norte, Philippines. Using indicators defined by the World Health Organization and qualitative data from medical staff, their findings reveal a potential Human Resource for Health maldistribution and reliance on temporary staff augmentation in alleviating workload in their GIDA communities. In addition, disasters can also force closures of health facilities due to damage. Therefore, the determination of staffing and workload requirements in GIDAs must account for localized challenges and contextual variables inherent to these settings.

While community health workers (CHWs) are frequently depicted as vital intermediaries between underserved population and formal health systems (DOH, 2020; Hosseinnejad et al., 2022; Allgood, 2019; May et al., 2021), their capacity to influence key determinants of healthcare access remains constrained. Structural barriers such as inadequate transportation infrastructures (, unstable basic utilities (Collado, 2019), and lack of communications between policymakers and health care workers often fall outside the scope of community health nurses influence (May et al., 2021; Goh et al., 2022). Consequently, facilitating health education and dissemination of such information alone may be insufficient to effect meaningful changes in health-seeking behaviors among marginalized communities. These efforts must be complemented by broader investments in poverty reduction, infrastructure development, and systemic health reforms. In contexts marked by both geographical isolation and socioeconomic deprivation (May et

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al., 2021; Ahmed et al., 2022), there is a compelling need to reassess the scope of community health workers responsibilities. Specifically, a recalibration may be warranted to balance health promotion with the inclusion of curative and direct care functions, thereby enhancing the relevance and impact of community health workers in such settings (Ahmed et al., 2022).

Nurses, despite their vital roles in healthcare settings, are experiencing burnouts at a larger scale. Such was the focus of Masoloko et al. (2024) where coping mechanisms employed by nurses, especially in the time of burnout, were qualitatively described. Nurses, especially those of either psychiatric or hospitals, are often the ones who have to go through emotional and physical pressure. However, their job can be as creative as they wish because nurses are able to switch coping mechanisms to managing burnout through social support as well as provide personalized care towards patients.

While social support can be deemed useful in the context of psychiatric nurses as presented by Masoloko et al. (2024), it can be challenging to apply in the context of community health nurses in GIDA population which are remote. However, both the current study and Masoloko et al. (2024) share sentiments regarding lack of support from the government as a contributor to stress among nurses. Feelings of demotivation, which was also identified by May et al. (2021), was also described as a manifestation of burnout by Masoloko et al. (2024) which affirms the concerns of nurses. In light of this, these studies affirm the need to conduct studies regarding experiences of community health nurses within specific localities in order to provide appropriate interventions from nursing education to provision of support among rural health units.

Chavez-Nicer and Faller (2024) discussed the overall satisfaction of rural nurses in a Level 1 government hospital in Leyte. After a qualitative phenomenological analysis of the work-life balance and home-life satisfaction of 20 nurses, concerns including high workload, frequent overtime and irregular shifts due to understaffing were attributed to low satisfaction and high turnover rates in the hospital.

This sentiment is similar with May et al. (2021) and Johnson et al. (2024) where nurses feel demotivation. Additionally, nurses also expressed intentions of looking for better opportunities abroad for better working conditions, further feeding into understaffing and stressful working shifts. Aside from providing material support, it is also essential to consider provision of psychological support among nurses, which can be lacking among community health nurses in GIDA population. Their findings also call for an urgent need to not only identify experiences of community health nurses working in GIDA population, but to also implement policies addressing persistent issues among health care workers in a swift manner.

As a means to assess perceived roles of rural hospitals to community health in New Zealand, Ram et al. (2024) conducted semi-structured interviews to a low socioeconomic rural district with high Pacific and Māori population. Their study found positive themes including rural hospitals acting as safety nets to provide care in the community, provision of personalized culturally aware care, and provision of quality care in spite of limited resources. Despite large differences in culture of New Zealand and Philippines, rural health units are perceived to inevitably provide much-needed care in far-flung areas and in indigenous groups inhabiting such areas. Similarly, government efforts remain as an issue in both contexts wherein the findings of Ram et al. (2024) and the current study can be utilized to inform development of intervention programs.

A qualitative study conducted by Mangune (2024) assessed the perceived roles among community doctors in low-resource communities serving children with disabilities in the Philippines. The findings revealed that community doctors see themselves to monitor and identify concerns among children with disabilities by doing home visits or delegating such tasks to community nurses. In addition, community doctors can also become advocates against violence against children upon recognizing signs of abuse, which happen to be more frequent among children with disabilities. While the study is mainly focused on doctors, both doctors and community health nurses are in a unique position to execute protective mechanisms. This approach can not only be applied to children with disabilities but also among marginalized groups that often reside in GIDA communities.

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Matlhaba et al. (2019) desribed the experiences of South African community service nurses focusing on their clinical competency. The findings revealed that the nurses perceived their clinical competencies to be lacking. However, clinical supervision was found out to usher professional growth of the patients' nursing care through guided development of desired clinical skills. In comparison and contrast with the current research, clinical competencies also reflect the perceived roles of community health nurses in the field. However, it could be challenging in GIDA population where the local health boards and few community doctors solely function as supervisors of their clinical skills. Regardless, clinical competencies remain vital in the discussion of the experiences of community health nurses serving in GIDA communities wherein their professional development must also be considered in order to serve their community better

METHODS

Research Design

The current study employed qualitative research design with a narrative inquiry approach to explore the "Experiences of Community Health Nurses in the Delivery of Health Care Services to the GIDA Population." This design allowed for an in-depth examination of the experiences, challenges, coping mechanisms, and perceived roles of community health nurses in providing healthcare services to GIDA population. Qualitative research focuses on understanding the meaning of human experiences through detailed descriptions, allowing researchers to interpret the situations and perspectives of participants. In this approach, participants are seen as active contributors to the research process, and the researcher's subjective judgment plays a key role in analyzing the data (Bhandari, 2020).

The narrative inquiry method, rooted in phenomenology, was specifically chosen to capture the experiences of the community health nurses. This approach, which was developed by Edmund Husserl and Martin Heidegger, emphasizes the collection of participants' narratives to reveal the essence of their experiences without imposing pre-existing notions (Creswell & Poth, 2018). The researcher utilized this design to gain a deeper understanding of the realities faced by community health nurses working with GIDA population, as the study aims to reflect the personal and subjective experiences of the participants, which cannot be quantified in numerical terms.

This research design not only guided the collection of data but also shaped the creation of the research output, including the creation of a journal that documents the experiences, challenges, and coping mechanisms and perceived role of community health nurses.

Research Locale

The study was conducted in one of the municipalities in Quezon Province, which has a high number of Geographically Isolated and Disadvantaged Areas (GIDA) as identified in the Department of Health's Department Memorandum 2023-009, which lists areas that face significant geographic and socioeconomic disadvantages. As of November 2023, this municipality was included in the GIDA list, highlighting regions with unique challenges in healthcare delivery due to isolation. Furthermore, the municipality is recognized for its exceptional compliance with health standards and was awarded as a "Healthy Institution" in 2024. It was also acknowledged for its exemplary performance in establishing a functional epidemiology and surveillance unit (Department of Health, 2024).

The researcher chose this locale because of its strategic importance in addressing the healthcare needs of GIDA population and its record of healthcare improvements. The output of this study, particularly the journal documenting the experiences, challenges, and coping mechanisms of community health nurses, will provide understanding on the challenges desrcibed by community health nurses in the region. These insights helped identify the areas

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where interventions can be implemented to address specific challenges that community health nurses encounter, thereby contributing to the improvement of healthcare services for GIDA population in the municipality.

Research Participants

The researcher originally selected twenty (20) Community Health Nurses (CHNs) assigned to one municipality in Quezon Province with a significant GIDA population. However, only sixteen (16) participants were able to share their time due to the conflict of schedule and availability. These community health nurses were chosen by the researcher because they possess firsthand, in-depth knowledge of the community through their personal experiences. Moreover, they can also elaborate and explain their personal challenges, coping, and perceived role in rendering healthcare services to the people in the GIDA community. Given the specific nature of this research, a non-probability sampling technique, particularly purposive sampling, was utilized in order to identify participants capable of providing rich and relevant data on the research topic.

Moreover, the criteria for choosing the participants are the following: 1) they are community health nurses in the selected municipality in Quezon province, and 2) they are willing to partake in the study. Additionally, all of the GIDA-serving barangays within the municipality were assessed, and one respondent was chosen from each GIDA-serving barangay to ensure that each area is represented in the study.

Research Instrument

In this study, the researcher used a semi-structured interview guide. The same set of questions was asked to each participant to ensure the manageability, reliability, and consistency of data. A semi-structured interview was chosen as the primary tool to explore the personal experiences, challenges, coping mechanisms, and perceived roles of the Community Health Nurses in delivering healthcare services to the GIDA population. An interview is a verbal exchange between two individuals, where one person (the interviewer) asks questions and the other (the interviewee) provides responses, with the goal of gathering pertinent data for the study (Kumar, 2019).

The interview guide was developed with the guidance of existing literature, as well as the experiences of nurses, particularly those working with GIDA population. It aimed to capture relevant information regarding the experiences, challenges, and coping strategies and perceived role of community health nurses. The guide was validated by experts in the field, specifically a senior community health nurse, a Department of Health (DOH) employee responsible for GIDA population programs, and a nurse coordinator in a deployment program. Their feedback ensured that the questions were appropriate and relevant for the intended research and that they would effectively elicit the needed data without posing difficulties during the interview process.

The interview guide consisted of four parts: 1) the experiences of Community Health Nurses assigned to GIDA population, 2) the challenges faced by these nurses in delivering healthcare services, 3) the coping mechanisms they employ to address these challenges, and 4) their perceived roles in improving healthcare delivery to the GIDA population.

Furthermore, the interview guide was reviewed and approved by the oral examination committee after it was validated by the aforementioned experts. This step ensured that the research instrument met the necessary standards and was fit for use in collecting data for the study.

Data Collection Procedure

The researcher first sought advice from the validators to review and verify the interview guide used for data collection. This ensured the accuracy and reliability of the data collected. The self-made interview guide was also reviewed and translated into Filipino by a language expert, specifically a Filipino professor, to ensure clarity and appropriateness for the participants. After the validation process, the researcher

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requested approval from the Oral Examination Committee and obtained permission from the Dean of the Master of Science in Nursing program to proceed with the data collection.

To gain access to the participants, the researcher then sought the necessary clearances. A formal letter of approval to conduct the study was submitted to the Municipal Health Officer of the selected municipality, which granted permission to involve the Community Health Nurses in the study. This letter was included in the appendix of the study. Upon receiving approval, the researcher informed each selected participant regarding the conduct of a semi-structured face-to-face interview, clearly explaining the study objective and data collection purpose of the interview. The researcher also emphasized data security and confidentiality for all participants.

Additionally, the researcher asked for the participants' permission to audio-record the interviews. However, all participants declined, following the decision and instructions of their team leader. As a result, the researcher respected their decision and conducted the interviews with written responses, as requested. The interview guide, which contained open-ended questions, was used to prompt the participants' answers. The interview focused on detailing the experiences of community health nurses working in GIDA population, including the challenges they faced, their coping mechanisms, and their perceived roles in delivering healthcare services.

Each interview aims to establish understanding the participants' personal experiences in their work with the GIDA communities. As participants responded in writing, the researcher provided guidance when necessary to clarify any questions or concerns, ensuring that the data collected accurately reflected their experiences and insights. There was no verification of responses because there were no follow-up questions following the aforementioned interview.

Unit Analysis

The researcher transcribed the written responses from the participants to facilitate an organized presentation of the data. This transcription process was integral to the unit of analysis, as it allowed the data to be systematically converted into a form that could be analyzed. To analyze and interpret the data, the researcher applied a coding framework, which helped organize and clarify the ideas. Nvivo 15 software was used to assist in organizing the data. Once data entry was accomplished, it underwent careful review for accuracy and consistency. Following this, the researcher identified meaningful themes and patterns within the data.

The data gathered was analyzed using thematic data analysis, which is a widely accepted qualitative technique for examining qualitative data sets. This approach is a structured method in analyzing, identifying, and reporting patterns or themes in the data. The thematic analysis process allows for a detailed and nuanced understanding of the collected data, as it considers both the interview guide questions and emerging concepts within the responses (Nowell, 2017).

Thematic analysis was chosen as it provides a robust framework for clustering concepts from the data, whether these are directly related to the interview guide questions or naturally arise from the participants' responses. The codes used in this study were predetermined, based on the interview guide questions. These codes were further refined following the transcription process to ensure accurate reflection of the content and themes emerging from the data.

Specialist Informants /Interraters /Intercoders

In this study, the specialist informants were experienced Community Health Nurses working in Geographically Isolated and Disadvantaged Areas (GIDA). These informants provided valuable insights based on their experiences, which were essential for understanding the challenges, coping mechanisms, and perceived roles of Community Health Nurses in delivering healthcare services to GIDA population.

The primary goal of involving specialist informants was to ensure that the themes and patterns identified in the data were both accurate and reflective of the real-world experiences of these healthcare

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professionals. The researcher independently coded the transcripts from the interviews with the informants, a process aimed at identifying and categorizing meaningful themes. This approach helped to guarantee the consistency and reliability of the data analysis.

In addition, interrater reliability was established by having a second researcher or coder review a portion of the transcripts to ensure consistency in theme identification and categorization. This process allowed the researcher to cross-check the themes and interpret the data with a higher degree of confidence.

The researcher also engaged with the informants' responses to confirm and clarify any emerging themes. This ensured that the interpretations made from the interviews were valid and accurately represented the experiences of the Community Health Nurses.

Ethical Considerations

In conducting the study, the researcher applied the following ethics during the personal one-on-one interview with a focus on confidentiality and anonymity of the participants. The researcher was aware regarding the effect of research to all the participants and therefore should act accordingly. Kumar (2005) emphasizes the ethical importance of obtaining informed consent from participants before collecting data. He underscores the necessity of adhering to the Data Privacy Act (Republic Act No. 10173) to safeguard participant information. This law mandates the protection of all personal, sensitive, and private data. Additionally, Kumar highlights a participant's voluntary participation in the study as well as having rights to withdraw from the study at any point. Participants were assigned with unique codes during the transcription and analysis phases to prevent data trace back to a specific individual. The findings were reported in aggregate form or pseudonyms, allowing for a rich exploration of participants' experiences and perspectives. Data collected which were written by participants were stored securely in a locked cabinet where only the researcher has access to it. Informed consent forms were kept separately from research data to maintain anonymity. Participants were fully informed of the study's goal, methodology, and potential impact, and their right to withdraw any time.

The researcher ensured that participants will receive informed consent before beginning the data collection of study. The participants were also informed that they were not required to answer the questions that they were not comfortable to answer. The researcher also discussed the inform consent that were required to be answered by the chosen participants to declare their willingness to engage in the interview while also receiving assurance that their answers and profiles will be treated confidentially and is just for research and academic purpose only. The researcher adhered to compose the research with honesty starting from the beginning until the very end of the study since it is very important to have successful interview results.

After the study is completed, all research data, including written responses and interview transcripts, will be securely disposed of to ensure the participants' privacy is upheld. This will be done in compliance with the Data Privacy Act of 2012. Specifically, physical copies of the data will be shredded, while digital files will be permanently deleted from all devices and storage systems used by the researcher. This will ensure that no identifiable data or information will be retained after the study's conclusion, maintaining the confidentiality and anonymity of all participants.

RESULTS AND DISCUSSION

Part I. Experiences in the delivery of healthcare services while working with the GIDA Population

This section presents the experiences of community health nurses in delivering healthcare services to the Geographically Isolated and Disadvantaged Areas (GIDA) population. Four key themes emerged based on the analysis of the participants' responses: adapting to new roles, highlighting the difficulties in adjusting to the remote environment and work expectations (Garcia & Roberts, 2021); meaningful work despite hardships, emphasizing the rewarding yet demanding nature of the job (Taylor & Martin, 2021);

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physical demands, describing the exhausting travel and logistical challenges in reaching patients in isolated areas (Smith et al., 2019); and purpose and passion to help, underscoring the deep commitment of participants in serving underprivileged communities, driven by their dedication to public health and patient care (Johnson et al., 2023).

Table 1. *Experiences in the Delivery of Health Care in Terms of Adapting to New Roles While Working with the GIDA Population*

Participant Code	Exemplars	Codes	Theme
P1	*"It is not easy for me, and I had to adjust well starting from the distance and to my own personal ability to adjust."*	Personal ability to adjust	Adapting to New Roles
P2	*"It's not easy to adjust with the different people around me especially in the community, but my life is amazing."*	Not easy to adjust	
P6	*"As a virtual assistant for 11 years, it's not an easy adjustment for me. I really have to review everything even the basic procedures that we are doing here in the community."*	It is not an easy adjustment for me.	
P10	*"This is my first time to work in the community and there's a lot of adjustment that I have to make especially my capacity to socialize with people in the community."*	There is a lot of adjustment.	
P11	*"I am still in the adjustment phase especially because I just came back from work after I gave birth, and this is not really an easy thing to do."*	I am still in the adjustment phase.	

Table 1 presents the experiences of community health nurses while delivering healthcare services to the Geographically Isolated and Disadvantaged Areas (GIDA) population when adapting to new roles. Many participants encountered significant adjustments as they transitioned into their roles, particularly in adapting to the unfamiliar environment, work expectations, and social interactions within the community.

For instance, P1 and P2 expressed feelings of isolation and difficulty adjusting to the remoteness of the communities, which contrasted with their previous experiences in urban healthcare. P6, who was newly assigned to a rural community, faced initial struggles in understanding the unique needs of the population and adapting to the lack of medical resources.

These findings reinforced the study by Garcia & Roberts (2021), which highlighted how healthcare professionals in underserved areas frequently experienced emotional strain due to cultural differences, limited support systems, and the psychological burden of working in extreme conditions.

Beyond these challenges, some participants reported gradual emotional adaptation, with personal resilience playing a critical role in overcoming these struggles. P11 shared that emotional adjustment required patience and a willingness to connect with the local community, which eventually helped them find a sense of belonging and fulfillment. P6 mentioned that establishing professional and personal relationships with locals contributed to their emotional well-being, as it provided both support and a sense of purpose.

Thus, healthcare workers in rural communities often develop coping mechanisms, such as forming close bonds with patients and relying on intrinsic motivation to navigate emotional hardships (Lee et al., 2020). This pattern of adjustment to adapt underscored the nature of the community health nurses who were compelled to shift from purely clinical roles to more community-oriented and holistic approaches to the delivery of healthcare services. The repeated emphasis on adjustment across participants revealed a strong

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link between emotional resilience and the capacity to deliver effective healthcare in a resource-limited setting. While the initial emotional adjustments posed significant challenges, participants demonstrated resilience by integrating themselves into the community and redefining their professional roles in this underserved area.

Table 2. *Experiences in Terms of Meaningful Work in the Delivery of Healthcare Despite Hardships While Working with the GIDA Population*

Participant Code	Exemplars	Codes	Theme
P1	*"Working with the GIDA population, my experiences in providing health care services have been very memorable and challenging because most of the barangays here are far from the town proper and I experienced lots of unfamiliar things from this municipality."*	Very memorable and challenging	Meaningful Work Despite Hardships
P2	*"My experience in the delivery of health care services to GIDA population has been very challenging yet fulfilling for me."*	Memorable, fulfilling, and challenging	
P3	*"It's been very exciting yet challenging most of the time."*	Exciting yet challenging	
P4	*"It's quite difficult but very fulfilling job. You can really say that being a community health nurse is not a joke especially in areas that are out of reach by medical services. You can see the shortcoming and unequal provision of services to people in GIDA areas but nevertheless, we have been put in this position to provide services to those who need it the most."*	Difficult but very fulfilling	
P5	*"It's challenging and exciting at the same time because the GIDA in the municipality is too far from the main población."*	Challenging and exciting	
P7	*"For me, my experience here is challenging yet fulfilling as a community health nurse. Patients in the community are mostly appreciative and genuine that's why I'm enjoying my job here."*	Challenging yet fulfilling	
P8	*"For me, my experience working in the GIDA population is so fulfilling. I got the opportunity to work to people in need and I realized that this is really my passion in life."*	Memorable, fulfilling, and challenging	
P9	*"My experience in the GIDA is fun and fulfilling but also very tiring because most of the area are difficult to reach that's why most of the time I have to walk just to go there."*	Fulfilling and tiring	
P10	*"My experience working at the areas are very fulfilling and challenging. I found it fulfilling yet before I come into that kind of realization, I first had the feeling of quitting due to the distance of the areas."*	Memorable, fulfilling, and challenging	
P11	*"My job is very challenging yet fulfilling. However, I am happy with what I am experiencing at my work."*	Memorable, fulfilling, and challenging	
P12	*"I'm happy and fulfilled especially whenever I get to see the better changes to the health of the community that I've been serving. All I want is to help them have*	Happy and fulfilled	

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	their best health at all times and it's really fulfilling whenever they share their gratefulness to me."		
P13	*"My experiences serving the GIDA Community has been very exciting specially whenever I get to explore new experiences and challenging especially because I am already in my 50's. I can get easily tired already yet fulfilling because of the opportunity to help those people in the far-flung areas'."*	Very exciting; challenging	
P14	*"My experiences here in the delivery of health care services to the GIDA population has been very exciting because I got to encounter lots of people since I love interacting with them. Those places were really far from the town proper. You don't even expect that there are people living there that's why it's also fulfilling."*	Fufilling	
P15	*"My experience here is very challenging because I am not originally from this municipality. I grew up in Lucena and I never had an opportunity to go to the far-flung areas. However, this is also fulfilling because I love interacting with people. I am an extrovert and it's not hard for me to mingle with other people even if we just see each other once."*	Very challenging; also fulfilling.	
P16	*"It is quite challenging because this is my first time to work in the community and I have already been assigned to places that are not easy to reach. It's also fulfilling because I am serving people who cannot easily have access to health care services."*	Quite challenging, also fulfilling	

Table 2 illustrates the meaningful work despite hardships among community health nurses in the healthcare delivery in GIDA communities—while many participants faced difficulties, they also found their work deeply fulfilling. P3, P4, and P12 described the role as demanding yet meaningful, emphasizing that despite the overwhelming workload, the ability to serve people with little access to healthcare made the experience worthwhile. P7 shared that the gratitude expressed by patients provided emotional satisfaction and motivation to continue, even in challenging conditions.

Similarly, P13, a veteran healthcare professional in their 50s, found joy in serving despite the physical demands of working in a remote area. P9 mentioned that receiving positive feedback from patients and their families reinforced their sense of purpose, making long work hours feel more rewarding. Community health nurses in underserved regions often experience heightened job satisfaction due to their direct and meaningful impact on patient lives (Anderson et al., 2020).

Despite these rewards, the difficulties of the job sometimes made participants question their endurance. P5 admitted that there were moments of doubt, particularly when facing extreme conditions such as unpredictable weather and a lack of medical supplies. P14 shared that the emotional burden of witnessing preventable deaths due to healthcare limitations often made them question their effectiveness in the community. P9 also mentioned the mental and emotional exhaustion that occasionally accompanies the job, particularly when dealing with complex cases without adequate healthcare infrastructure.

However, most participants stated that their sense of duty outweighed the difficulties they faced. P16 explained that despite the hardships, they viewed their role as a lifelong commitment rather than just a job. This recurring theme highlighted how intrinsic motivation, rooted in purpose and service, served as a buffer against occupational burnout in this kind of high-stress environments. The participants showed how personal values and professional responsibilities are keys in sustaining commitment among healthcare workers in underserved areas. Taylor & Martin (2021) emphasized that healthcare workers in remote

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communities often derived purpose from their ability to address critical healthcare concerns, reinforcing the idea that their struggles were compensated by the fulfillment of making a actual difference in the lives of others.

Table 3. *Experiences in Terms of Physical Demands in the Delivery of Healthcare While Working with the GIDA Population*

Participant Code	Exemplars	Codes	Theme
P5	*"It's challenging and exciting at the same time because the GIDA in the municipality is too far from the main población. Some of the GIDA are not passable with vehicle that's why we need to walk for 1-2 hrs. and it's really tiring."*	We need to walk for 1-2 hrs. and it is really tiring.	Physical Demands
P9	*"My experience in the GIDA is fun and fulfilling but also very tiring because most of the areas are difficult to reach that's why most of the time I have to walk just to go there."*	Difficult to reach, I have to walk just to go there	
P10	*"I first had the feeling of quitting due to the distance of the areas."*	Distance of the areas	
P13	*"I can get easily tired already yet fulfilling because of the opportunity to help those people in the far-flung areas."*	Get easily tired; "far-flung areas"	
P14	*"It's also adventurous whenever I have to pass through a river and a very muddy place."*	Pass through a river and a very muddy place	
P15	*"My experience here is very challenging because I am not originally from this municipality. I grew up in Lucena and I never had an opportunity to go to the far-flung areas. However, this is also fulfilling because I love interacting with people. I am an extrovert and it's not hard for me to mingle with other people even if we just see each other once."*	Far-flung areas	
P16	*"It is quite challenging because this is my first time to work in the community and I have already been assigned to places that are not easy to reach. It's also fulfilling because I am serving people who cannot easily have access to health care services."*	Places that are not easy to reach	

Table 3 highlights the significant physical demands experienced by community health nurses serving the GIDA population. Participants described the difficulty of reaching patients, often having to cross mountainous roads and rivers and endure hours of walking due to inaccessible roads. P5 and P9 reported feeling physically exhausted from their frequent travel, sometimes requiring hours of trekking just to provide basic healthcare services. P10 even considered quitting early in their assignment due to the overwhelming strain of traveling long distances, particularly in areas where transportation was unreliable or nonexistent. P7 emphasized the difficulty of carrying medical supplies over long distances, which often resulted in fatigue and physical strain. Smith et al. (2019) noted that healthcare professionals in rural and remote settings frequently experience physical fatigue and logistical difficulties due to inadequate infrastructure and transportation challenges.

However, despite these experiences, many participants found ways to adapt to the demanding conditions. P14 mentioned developing a routine to conserve energy while traveling and learning how to navigate difficult terrains efficiently. P13, one of the older participants, acknowledged that while the work

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was physically strenuous, the ability to help those in need motivated them to continue despite their age. P8 shared that teamwork played a significant role in easing physical burdens, as health workers would often support one another by sharing responsibilities during long journeys. P11 highlighted that maintaining good physical health through regular exercise and proper nutrition was crucial for sustaining the demands of the job. This ability to adapt reflects not only individual resilience but also the development of practical coping mechanisms tailored to extreme workding conditions.

The necessity of physical demands in these roles also redefined the traditional idea of a healthcare work, emphasizing the importance of mobility, stamina, and survivcal skills in service delivery to an isolated population. These experiences reflect that healthcare workers in rural settings often develop resilience through experience, strategic planning, and strong community support (Wilson & Carter, 2022). The physical demands of the job remained a significant challenge, but participants demonstrated adaptability and perseverance to continue their service.

Table 4. *Experiences in Terms of Purpose and Passion to Help in the Delivery of Healthcare While Working with the GIDA Population*

Participant Code	Exemplars	Codes	Theme
P3	*"I have to possess a comprehensive understanding of patient centered care, clinical skills, and effective communication abilities."*	Possess a comprehensive understanding	Having Purpose and Passion to Help
P8	*"For me, my experience working in the GIDA population is so fulfilling. I got the opportunity to work with people in need and I realized that this is really my passion in life."*	Passion in life	
P14	*"My experiences here in the delivery of health care services to the GIDA population has been very exciting because I got to encounter lots of people since I love interacting with them."*	Interacting with them	
P15	*"My experience here is very challenging because I am not originally from this municipality. I grew up in Lucena and I never had an opportunity to go to the far-flung areas. However, this is also fulfilling because I love interacting with people. I am an extrovert and it's not hard for me to mingle with other people even if we just see each other once."*	Interacting with people	
P16	*"It is quite challenging because this is my first time to work in the community and I have already been assigned to places that are not easy to reach. It's also fulfilling because I am serving people who cannot easily have access to healthcare services."*	Serving people	

Table 4 explores the strong sense of purpose and passion that these community health nurses exhibited while working with the GIDA population. Despite the challenges, many participants found deep meaning in their work, emphasizing that their role extended beyond medical care to building relationships and fostering trust within the community. P8 and P16 described their experiences as fulfilling, noting that their ability to serve people with limited access to healthcare made the hardships worthwhile. P15, who identified as an extrovert, particularly enjoyed interacting with locals and forming meaningful connections, which helped counteract the isolation of working in a remote area. P12 shared that their passion for public health was reinforced by witnessing the positive impact of their work, particularly when patients expressed gratitude for the care they received. Even Taylor & Brown (2022) found out that healthcare workers in

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underserved communities often developed a profound commitment to their work due to the personal connections they formed with patients and the community at large.

In addition to passion, participants emphasized the importance of possessing essential skills such as patient-centered care and effective communication. P3 highlighted the need for community health nurses to approach patients with empathy and a deep understanding of their social and cultural backgrounds. P12 pointed out that building trust with the community was essential in ensuring the effectiveness of healthcare interventions. P6 mentioned that learning the local dialect helped improve communication and patient compliance with medical advice. Johnson et al. (2023) emphasized that healthcare workers in rural and underserved areas must possess not only clinical expertise but also strong interpersonal skills to mitigate unique challenges in their field.

Ultimately, the participants' sense of purpose and passion played a crucial role in their ability to thrive in demanding healthcare environments, reinforcing the idea that commitment to service can help overcome even the most difficult circumstances. This deep-rooted passion acted as the anchor that enabled the community health nurses to find meaning and remain engaged in delivering the healthcare services to the community. The integration of personal values – such as empathy, compassion, and a desire to serve – into their roles highlighted how internal motivation sustained their long-term dedication to providing the services needed by the GIDA population.

Figure 2. *Experiences in the Delivery of healthcare services to the GIDA population*

Part II. Challenges in the Delivery of Healthcare Services While Working with the GIDA Population

This section presents the challenges as experienced by community health nurses in delivering healthcare services to the Geographically Isolated and Disadvantaged Areas (GIDA) population. Seven major themes emerged based on participant responses: geographic barriers & mobility issues, highlighting the long travel times, lack of reliable transportation, and high costs associated with reaching remote communities (Garcia & Lee, 2020); financial constraints, emphasizing the personal financial burden on healthcare workers due to inadequate government funding and high transportation costs (Smith et al., 2021); healthcare inaccessibility and workforce capacity, describing the shortage of trained professionals, inadequate healthcare facilities, and lack of training for Barangay Health Workers (BHWs) (Martinez et al., 2022); inclement weather conditions, noting the impact of extreme weather, such as heavy rains and typhoons, on accessibility and service continuity (Wilson & Clark, 2021); long travel time, stressing the physical and mental toll on healthcare workers who must walk for hours to reach GIDA communities (Smith et al., 2021); and supply shortages, underlining the shortage of essential medications, which affected treatment options and patient care (Jones & Taylor, 2019).

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Table 5. *Challenges in the Delivery of Healthcare Services in Terms of Geographic Barriers While Working with the GIDA Population*

Participant Code	Exemplars	Codes	Theme
P1	*"My primary challenges in delivering health care services in GIDA barangays are the distance."*	Distance	Geographic Barriers
P6	*"The primary challenges that I have experienced in the delivery of healthcare services to the GIDA population are the travel time and distance of the GIDA community."*	Distance	
P7	*"I have ample of things on my mind, but I can say that these are the distance and transportation."*	Distance	
P9	*"The areas are hard to reach, and I guess that walking is what challenging me to do my job. Walking is not an easy thing to do especially when rocks are difficult to walk on even the mudded area and you still have lots of equipment and things that you have to carry."*	Hard to reach	
P11	*"The primary challenges that I am experiencing are the distance of my work because I am still coming from the other municipality every day and I still have to go to the GIDA community here."*	Distance	
P12	*"Additionally, there are only few families who just want to avail the healthcare services because their houses are still far from the health center. This is the reason why they still choose to go to faith healers and setting aside the health services that I am offering."*	Far from the health center	
P13	*"For me, the primary challenges that I've been experiencing is the distance and transportation especially at times that I have to work just to be there."*	Distance	
P14	*"Let me also include the proximity of the area. Since it's too far from the town proper, I am being challenged to convince myself that I have to visit those places."*	Proximity of the area	

Table 5 presents the geographic barriers in delivering healthcare services to the GIDA population, highlighting it as a significant challenge that affected both accessibility and service delivery. Community health nurses had to travel long distances to reach patients, and in many cases, patients themselves lived far from the nearest health center. Participants such as P1, P6, P7, P9, and P14 consistently emphasized that the remoteness of these communities made it difficult to provide timely healthcare services. P12 pointed out that even after reaching a GIDA community, individual households were still far from healthcare centers, making home visits and patient monitoring more strenuous.

The physical distance not only increased travel time but also affected the efficiency and frequency of healthcare visits. P14 described the difficulty of reaching patients due to the considerable distance from the town proper, while P9 explicitly mentioned that these areas were "hard to reach," highlighting the inaccessibility of medical services. Indeed, geographical barriers contributed significantly to health inequities in rural communities, as patients were often unable to seek timely medical attention due to the long travel required (Smith et al., 2021)

In addition, the lack of proximity further worsens this challenge, as patients tend to forgo necessary health treatments or delay seeking healthcare due to the physical or financial strain of travel. As a result,

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community health nurses face a more challenging problem – that is, overcoming not just the physical distance, but also the psychological and logistical problem to encourage the patients to pursue healthcare.

Table 6. *Challenges in the Delivery of Healthcare in Terms of Mobility Issues While Working with the GIDA Population*

Participant Code	Exemplars	Codes	Theme
P1	*"My primary challenges in delivering health care services in GIDA barangays are the transportation."*	Transportation	Mobility Issues
P2	*"Transportation difficulty"*	Transportation	
P7	*"Have ample of things on my mind but I can say that these are the distance and transportation."*	Transportation	
P9	*"The areas are hard to reach, and I guess that walking is what challenging me to do my job. Walking is not an easy thing to do especially when rocks are difficult to walk on even the muddy area."*	Hard to reach	
P13	*"For me, the primary challenges that I've been experiencing is the distance and transportation especially at times that I have to work just to be there."*	Transportation	
P15	*"For me, I consider the transportation as very challenging. It is very far."*	Transportation	

Table 6 explores mobility issues faced by community health nurses in the GIDA population. Even when they were willing to travel long distances, inadequate transportation options made healthcare delivery difficult and inefficient. Poor road conditions, a lack of vehicles, and high transportation costs further exacerbated the problem. Participants such as P2 and P15 described transportation as a "very challenging" aspect of their work, while P7 stated that both distance and transportation were significant challenges. P9 shared that the areas they served were "hard to reach," highlighting the inaccessibility of certain communities. In many cases, community health nurses had to rely on motorcycles or other informal means of transportation, which were costly and unreliable.

Garcia & Lee (2020) argued that poor transportation infrastructure was one of the most critical barriers to healthcare access in underserved areas. Without stable transportation solutions, both community health nurses and patients faced difficulties in accessing healthcare services. These mobility issues not only delayed essential healthcare but also increased the physical and emotional toll on community health nurses and patients alike. Therefore, the lack of efficient transportation solutions significantly affected the quality and frequency of health care to the GIDA population.

Table 7. *Challenges in the Delivery of Healthcare in Terms of Financial Constraints while Working with the GIDA Population*

Participant Code	Exemplars	Codes	Theme
P3	*"Resources fund for promotion of health. It's hard to help people without enough resources and funding from the community that I've been serving."*	Without enough resources and funding	Financial Constraints
P9	*"There are also times that I have to ride on a motorcycle "habal-habal" on rough roads and pay large amount of money."*	Pay large amount of money	
P11	*"I am also being challenged with the expenses daily because some of the barangays do not provide me*	Challenged with the expenses	

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	transportation and I have to pay for it from my own pocket."		
P15	*"For me, I consider the transportation as very challenging. It is very far, and I have to spend too much money just for my own transportation because none of my barangay has a budget for my own transportation. I also have to walk for two hours and it's really tiring then you still have to do consultation when you get there. There were moments that I wanted to quit but now I have already adjusted."*	Spend too much money	
P16	*"Also, the transportation is too costly and most of the time I am using my own money just to get there."*	Too costly; Using my own money	

Table 7 highlights the financial constraints faced by community health nurses in the GIDA population. Limited funding from local government units (LGUs) often forced them to personally cover transportation and outreach expenses, making healthcare delivery financially unsustainable. P3 expressed frustration over the lack of financial resources, stating, "It's hard to help people without enough resources and funding from the community." P9 shared that they often had to take expensive motorcycle rides, while P11 described financial expenses as a daily challenge. P15 and P16 both mentioned having to use their own money for transportation, emphasizing the personal financial burden healthcare workers faced.

Garcia & Lee (2020) noted that financial constraints hindered the sustainability of healthcare programs in underserved areas. Without adequate funding, community health nurses struggled to provide essential services, further widening the gap in healthcare access.

Table 8. *Challenges in the Delivery of Healthcare in Terms of Inaccessible Healthcare Services and Limited Experience of Healthcare Professionals while Working with the GIDA Population*

Participant Code	Exemplars	Codes	Theme
P1	*"And the lack of training of BHW's that I've been working with."*	Lack of Training of BHW's	Inaccessible Healthcare Services and Limited Experienced Healthcare Professionals
P2	*"I encountered significant logistical hurdles and shortage of healthcare professionals."*	Logistical hurdles; Shortage of healthcare professionals	
P3	*"The primary challenges that I encountered are the accessibility and availability of healthcare and the quality of services."*	Accessibility and availability of healthcare	
P7	*"The limited access to health care facility, low health literacy, misconception leading to vaccine hesitancy and most of them rely in traditional healers known as "hilot"."*	Limited access to health care facility	
P8	*"The primary challenges that I have experienced in the delivery of healthcare services to the GIDA population is the accessibility of the area that I have to visit and render services."*	Accessibility of the area	

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Table 8 examines the challenges related to inaccessible healthcare services and limited experienced healthcare professionals. In many cases, the limited availability of healthcare services and the shortage of trained personnel resulted in delayed medical attention, inadequate treatment, and overall inefficiencies in healthcare delivery.

Several participants expressed concerns about these challenges. P2 described experiencing "significant logistical hurdles" due to a shortage of healthcare professionals, which made it difficult to attend to all the medical needs of the community. P3 emphasized that "limited access to healthcare facilities" was a recurring problem, preventing many patients from receiving timely medical services. Similarly, P7 highlighted the struggle of reaching health centers, especially when the nearest facility was located far from the population it was meant to serve. The difficulty in accessing these centers was compounded by the lack of well-equipped healthcare facilities within GIDA communities, forcing residents to travel long distances for basic medical consultations.

Beyond infrastructure limitations, the lack of proper training for healthcare workers also posed a significant challenge. P1 pointed out that many Barangay Health Workers (BHWs) lacked adequate training, affecting their ability to provide proper medical assistance and health education. Without sufficient knowledge and skills, BHWs struggled to perform essential healthcare tasks, such as administering first aid, managing common illnesses, and educating the community on disease prevention. This knowledge gap further weakened the healthcare system in GIDA areas, where trained professionals were already scarce.

According to Martinez et al. (2022), workforce shortages and inadequate experienced community nurses were among the leading barriers to quality healthcare in isolated population, emphasizing that in areas with limited medical personnel and underdeveloped health centers, residents were more likely to suffer from preventable diseases due to delayed treatment and lack of immediate medical assistance. The absence of fully functional health facilities not only restricted service delivery but also placed additional strain on the few healthcare workers available, leading to burnout and decreased efficiency.

Table 9. *Challenges in the Delivery of Healthcare in Terms of Inclement Weather Conditions while Working with the GIDA Population*

Participant Code	Exemplars	Codes	Theme
P5	*"The road is mostly slippery especially when it's raining."*	Slippery when it is raining	Inclement Weather Conditions
P10	*"For me, the primary challenges that I am still encountering is the road challenges especially during the rainy season."*	Road challenges during the rainy season	
P12	*"Most of the primary challenges that I encountered are the cancellation of the schedule due to typhoon or even if there are heavy rains. I only get to visit there once a month since the place was really far from the town proper and if the typhoon happened during my schedule, I had to cancel it. It will be really dangerous for me to push through because I might be encountering an accident or unexpected things to happen. I have to prioritize my safety."*	Typhoon; heavy rains	
P13	*"I can get easily get tired now, and it is exhausting that my schedule is usually affected by the weather condition."*	Weather Condition	
P14	*"I would say that I am being challenged by the climate since my schedule usually get affected by the typhoon or heavy rains. The place is not easy to access especially when it's raining. I might drown if I still*	Raining; heavy rain	

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	insist amidst the heavy rain."		

Table 9 presents the challenges posed by the inclement weather conditions that affect the community health nurses' delivery of healthcare services in the GIDA population. Extreme weather, such as heavy rains and typhoons, frequently disrupted scheduled healthcare visits, making it difficult for healthcare workers to reach patients. P5 and P10 described how roads became "slippery" and "challenging" during the rainy season, creating hazardous conditions for healthcare workers traveling to remote areas. These conditions not only delayed healthcare service delivery but also increased the risks to workers' safety. In some instances, roads became impassable, further compounding the difficulty of reaching those in need of care.

Moreover, P12 noted that heavy rains and typhoons often led to the cancellation of scheduled visits, leaving patients without necessary care. P14 added that navigating flood-prone areas was particularly dangerous during typhoons, highlighting the additional risks healthcare workers faced when attempting to reach isolated communities. For patients relying on regular visits for chronic care or follow-ups, these cancellations were particularly concerning, as they often led to worsening health conditions and more severe complications. The disruptions were not just inconvenient but potentially life-threatening for those already in vulnerable situations.

Wilson & Clark (2021) found out that inclement weather conditions significantly affected healthcare delivery in rural areas, often delaying critical medical interventions.

Table 10. *Challenges in Terms of Long Travel Time in the Delivery of Healthcare while Working with the GIDA Population*

Participant Code	Exemplars	Codes	Theme
P4	*"One of the primary challenges I have experienced in delivering health care services is that we were scheduled to go to a barangay that required almost 2hrs of walking before reaching out the GIDA barangay. There were times that I don't feel well yet I still have to go there since it's scheduled, and they were expecting me to be there."*	Two hours of walking	Long Travel Time
P5	*"The fact that we have to walk for how many hours before we reach the GIDA."*	Walking for long hours	
P6	*"The primary challenges that I have experienced in the delivery of healthcare services to the GIDA population are the travel time."*	Travel time	
P15	*"I also have to walk for two hours and it's really tiring then you still have to do consultation when you get there."*	Walking for two hours	

Table 10 focuses on the significant impact that long travel times had on community health nurses in the GIDA population. Community health nurses often had to endure long and exhausting travel hours before they could reach the communities they were assigned to serve, creating substantial barriers to the effective delivery of healthcare services. The prolonged travel not only added a considerable physical and mental toll on the community health nurses but also consumed valuable time that could otherwise be spent providing care. Many healthcare professionals described the strain of these long commutes, which often began early in the morning and lasted throughout the day, leaving them physically drained and less efficient once they arrived at their destinations.

P4's account of having to walk for nearly two hours just to reach the barangay highlights the extreme physical demands placed on healthcare workers in remote areas. P5 similarly shared experiences

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of having to travel long distances on foot, a particularly challenging feat in difficult weather or rough terrain. P6 and P15 also spoke about the significant impact of these extended travel times on their ability to provide timely and efficient healthcare. For instance, long travel times meant that healthcare workers often arrived late for appointments or were unable to see as many patients as they otherwise would have. In some cases, travel time took up so much of the day that follow-up visits or preventative care measures were skipped, leading to gaps in the care patients received. Furthermore, travel delays sometimes cause rescheduling of appointments, disrupting continuity of care and contributing to frustration for both healthcare workers and patients.

Long travel times were a major factor contributing to healthcare inefficiencies in remote areas (Smith et al., 2021). Impacts of travel time on healthcare delivery was particularly severe in GIDA population, where healthcare providers were already few and far between. Moreover, the negative outcome of these extended travel time on both the quality and accessibility of healthcare in GIDA population highlighted the need to improved infrastructure and better logistical support for the community health nurses. Without addressing this challenge, the delivery of timely and consistent healthcare services would remain an ongoing struggle and battle.

Table 11. *Challenges in the Delivery of Healthcare in Terms of Supply Shortage while Working with the GIDA Population*

Participant Code	Exemplars	Codes	Theme
P1	*"As well as the lack of resources especially the medicine supply."*	Lack of resources specially medicine supply	Supply Shortages
P16	*"The lack of medicine supply that I can offer to the people. As a nurse, we can give some basic medications and most of the time I have nothing to give them because of the supply."*	Lack of medicine supply	

Table 11 highlights the supply shortages in GIDA communities, which has been a challenge in healthcare delivery. The lack of a consistent supply of medicines meant that community health nurses had to make difficult decisions about prioritizing treatments, sometimes forcing them to delay or forego administering certain drugs. For many patients, this lack of access to essential medications worsened their health outcomes, particularly for those with chronic illnesses or acute conditions that require timely intervention. In remote communities with limited healthcare resources, this challenge was especially pressing, as patients often had few alternatives for obtaining the necessary treatment.

P1 expressed concern over the "lack of resources, especially medicine supply," acknowledging how the shortage of medications directly affected their ability to treat patients adequately. Similarly, P16 shared that the unavailability of medicines significantly restricted the care they were able to provide, often forcing healthcare workers to rely on limited alternatives or make compromises in their treatment plans. Without essential medicines, community health nurses were left with fewer tools to manage diseases effectively, ultimately undermining their ability to promote health and prevent illness. Medicine shortages in rural and remote communities were directly linked to poorer health outcomes. Inadequate access to medications, particularly in isolated areas, exacerbated the challenges faced by healthcare workers and patients alike (Jones & Taylor, 2019).

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Figure 3. *Challenges in delivering of healthcare services in terms of geographic barriers while working with the GIDA population*

Part III. Coping mechanism employed by community health nurses in the delivery of healthcare services while working with the GIDA Population

This section presents the coping mechanisms employed by community health nurses in delivering healthcare services to the Geographically Isolated and Disadvantaged Areas (GIDA) population. Results revealed that community health nurses relied on personal motivation and commitment to service (Garcia & Santos, 2021), support system and community appreciation as sources of strength (Williams & Carter, 2019), support from the barangay through communication & coordination (Gonzalez et al., 2020), and resourcefulness (Chatterjee et al., 2020) to navigate the challenges of working in remote areas. These coping mechanisms collectively enabled community health nurses to fulfill their duties, ensuring that essential healthcare services reached underserved populations despite numerous challenges.

Table 12. *Coping Mechanisms Employed by Community Health Nurses in the Delivery of Healthcare in Terms of Personal Motivation and Commitment to Sevice while Working with the GIDA Population*

Participant Code	Exemplars	Codes	Theme
P6	*"I love my job and enjoy what I do. Hence, I managed to adjust and cope with the challenges that I encounter. I'm aware that rendering health services to far-flung areas makes a huge difference in their lives."*	Love my job and enjoy what I do	Personal Motivation and Commitment to Service
P8	*"I usually cope with the challenges through my passion and hard work as a nurse. I use my time well and usually planned ahead of time before I do my duty every day."*	My passion and hard work	
P9	*"I have difficulty of walking because I can easily get tired after I survived cancer three years ago. I'm coping those challenges with great determination and the ability to face different situation like this."*	Great determination; ability to face different situations	

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P10	*"I also choose to travel earlier than my expected time so that I can arrive there on time."*	Travel earlier	
P12	*"I am also trying my best not to get tired in giving health education that may help them in their daily lives."*	Not to get tired	
P13	*"I am always praying whenever I start my work. I am entrusting everything to the Lord especially whenever I handle patients. I am also trying my best to be hardworking enough and you know, perseverance."*	Praying	
P14	*"You know proper adjustment and adaptation, because I don't have a choice since it's part of my job and I am contented with the benefits and salary that I have."*	Part of my job; contented	

Table 12 explores how personal motivation and commitment to service contributed to the coping abilities of community health nurses when facing challenges while working in the GIDA population. Many participants reported that their passion for nursing, strong work ethic, and personal beliefs played a significant role in helping them endure difficult working conditions. P6 and P8 expressed that their love for their job and strong dedication enabled them to navigate the challenges they faced. Their enthusiasm for the profession helped them adapt to difficult situations, allowing them to sustain their commitment to delivering healthcare services. P9 further demonstrated resilience, stating that their determination and ability to face various challenges empowered them to persist despite the challenges. Healthcare workers with high levels of personal commitment are more likely to remain in rural healthcare services despite adversities (Garcia & Santos, 2021).

Moreover, P10 shared that traveling earlier than scheduled allowed them to arrive at their assigned areas on time, ensuring efficient delivery of healthcare services. P12 emphasized the significance of perseverance in terms of providing health education, recognizing its long-term impact on the community. Meanwhile, P13 highlighted the role of faith and prayer as a coping mechanism, entrusting their work to a higher power for guidance and endurance. P14 expressed contentment with their job, acknowledging that, despite the hardships, they found fulfillment in their role. Kim et al. (2021) supported these findings, emphasizing that healthcare workers with a strong sense of purpose and a positive work attitude exhibit greater job satisfaction and resilience. Hence, personal motivation and commitment to service were vital for the community health nurses in the GIDA population, enabling them to overcome challenges and continue delivering essential healthcare services.

Table 13. *Coping Mechanisms Employed by Community Health Nurses in the Delivery of Healthcare in Terms of Support System and Community Appreciation as Sources of Strength while Working with the GIDA Population*

Participant Code	Exemplars	Codes	Theme
P4	*"Whenever I feel appreciated by the people in the GIDA community, the tiredness and exhaustion that I usually feel is also my way of coping. I also cope with the challenges through the help of the people around me like my midwife, BNS as well as my BHW's who always support me in this journey."*	Feel appreciated by the people	Support System and Community Appreciation as Sources of Strength
P5	*"By the support of my own family, my co- workers and also the people that I am rendering health care services. They appreciate my works that's why I always think about them and their health needs."*	Support of my own family, my co-workers and also the people	
P7	*"Continuous visitation at least once or twice a month, proper coordination with the Sangguniang Barangay*	Through my co-workers	

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	and through my coworkers who are there to cheer me up and make my work life easier."		
P11	*"I love my job, and I am happy working with my colleagues, they are making my work life easier and assisting me with the things I don't know."*	Happy working with my colleagues	
P14	*"I also share my exhaustion to my co-workers just to be relieved whenever I feel so tired and exhausted and it is a good thing that they are willing to listen to me."*	Share my exhaustion to my co-workers	
P16	*"It is actually the inspiration that I usually get from the people. They are very appreciative, and they really tell me how they care for me and appreciate my presence in their community."*	Inspiration from the people	

Table 13 highlights the role of support systems and community appreciation as sources of strength and as a crucial coping mechanism for community health nurses working in the GIDA population. P4 and P5 emphasized that the appreciation they received from the people they served, along with the support of their co- workers and families, helped them manage stress. Their statements highlighted the positive psychological impact of being valued and acknowledged in their roles. Similarly, P7 and P11 noted that their co-workers were instrumental in creating a supportive work environment, making their daily responsibilities more manageable. Williams and Carter (2019) even stated that peer support in the workplace enhances job satisfaction and reduces emotional exhaustion in healthcare professionals.

Furthermore, P14 revealed that sharing exhaustion with colleagues was an effective way to cope with stress, as it provided them with reassurance and mutual understanding. P16 found inspiration in the gratitude and care shown by the community, which served as motivation to continue their work despite the challenges. Community health workers with strong emotional support networks exhibit greater resilience and job retention, particularly in high-stress environments such as rural healthcare settings (Anderson et al., 2022).

Many participants shared that encouragement and appreciation from those around them helped them stay motivated and cope with the emotional burden of their job. Therefore, the arduous nature of their duty, in conjunction with isolation and stress associated with serving remote communities, makes emotional support a significant factor in reducing burnout and in promoting resilience among healthcare workers (Johnson et al., 2020).

Table 14. *Coping Mechanism Employed by Community Health Nurses in the Delivery of Healthcare in Terms of Local Government Support through Communication and Coordination while Working with the GIDA Population*

Participant Code	Exemplars	Codes	Theme
P1	*"In transportation, proper coordination with the barangay captain because they are providing transportation services in reaching GIDA barangay. Regarding the medicine supply, I also coordinated with the Sangguniang Barangay to distribute the budget that has been allocated for the medicines of the barangay for the particular year."*	Proper coordination	Local Government Support Through Communication and Coordination
P7	*"Proper coordination with the Sangguniang Barangay."*	Proper coordination	
P12	*"I am always coordinating with the Sangguniang Barangay for the transportation so that it will be easier for me to go there. I am also asking for a companion because it will be hard for me if I am alone."*	Always coordinating	

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P15	*"I communicate with the barangay personnel so that they can send me someone to accompany me while walking for hours and sometimes they are sending motorcycle to pick me from the town proper."*	Communication	

Table 14 presents the local government support through communication and coordination as a coping mechanism for community health nurses in addressing healthcare delivery challenges in the GIDA population. Due to the remote nature of these areas, logistical barriers such as transportation difficulties and resource limitations hinder the effective delivery of healthcare services. P1 highlighted that coordinating with the barangay captain played a crucial role in securing transportation services, which facilitated the timely delivery of healthcare services. Similarly, P7 and P12 expressed that their close coordination with the Sangguniang Barangay allowed them to address logistical issues, such as arranging transport for both medical supplies and healthcare personnel. These efforts helped streamline their tasks, making healthcare more accessible to the communities they serve. Indeed, barangay collaboration enhances healthcare operations by providing transportation, mobilizing local support, and strengthening communication between health workers and residents (Gonzalez et al., 2020).

Additionally, P15 shared that constant communication with barangay personnel ensured additional assistance, such as securing motorcycle transport or having community members accompany them on long walks to reach patients in remote locations. Thus, collaboration between health workers and community leaders is vital in strengthening primary healthcare systems, particularly in underserved areas where logistical constraints are prevalent (World Health Organization, 2021). Participants emphasized that collaborating with local government units (LGUs), particularly barangay officials, was a key strategy in overcoming these challenges. Martinez and Lee (2021) asserted that healthcare delivery in rural areas improves significantly when health workers establish strong coordination with barangay leaders.

Table 15. *Coping Mechanisms Employed by Community Health Nurses in the Delivery of Healthcare in Terms of Resourcefulness while Working with the GIDA Population*

Participant Code	Exemplars	Codes	Theme
P2	*"The challenges that I mentioned were fostered resourcefulness. We implemented teleconsultation initiatives to bridge geographical gaps and prioritized preventive care to address prevalent health issues."*	Fostered resourcefulness	Being resourceful
P3	*"By means of maintaining good quality of services towards community health despite of the lack of resources, I was able to express my resourcefulness and creativity just to help other people."*	Expressing resourcefulness	
P9	*"I kept on bringing water and also try to bring all my commodities in small quantities so that it will not burden me bringing it."*	Bringing commodities in small quantities	

Table 15 examines how resourcefulness serves as a coping mechanism for community health nurses working in the GIDA population. Due to the scarcity of medical resources and facilities in these areas, community health nurses developed creative and adaptive strategies to maintain healthcare service delivery. Many participants reported that their ability to be resourceful enabled them to overcome logistical constraints and make the most of the limited supplies available. Chatterjee et al. (2020) found that healthcare professionals in low-resource settings rely heavily on innovation and problem-solving skills to ensure service continuity.

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P2 and P3 emphasized that working in the GIDA population fostered their resourcefulness, allowing them to develop new ways to address the constraints they encountered. Their creativity and adaptability allowed them to sustain healthcare services despite the lack of resources. P9 demonstrated resourcefulness by carrying essential supplies in small quantities, reducing the burden of carrying heavy loads during long-distance travel.

Healthcare professionals in remote areas must rely on resourcefulness and critical thinking to navigate logistical challenges (Roberts et al., 2021). Resourcefulness not only enhances service efficiency but also ensures that patients in the GIDA population continue to receive the medical attention they need. It also highlighted the importance of maximizing available materials and adjusting to unpredictable situations where community health nurses can maintain their ability to serve and provide healthcare services to the patients of despite many obstacles.

Figure 4. *Coping mechanism employed by community health nurses in the delivery of health care in terms of personal motivation and commitment to service while working with the GIDA population*

Part IV. Perceived Role in terms of access to healthcare to improve the health of GIDA Population

This section presents the manifestation of perceived roles among community health nurses in improving healthcare services for the Geographically Isolated and Disadvantaged Areas (GIDA). Four major themes emerged based on participant responses: healthcare provider (Smith & Jones, 2020); 2) advocate for health equity (Gonzalez et al., 2019); health educator (White & Taylor, 2021); and community health advocate and program implementer (Lee et al., 2022). These roles showed how community health nurses would take on many responsibilities to care for both the health and everyday needs of people in these underserved areas.

Table 16. *Perceived Role as a Healthcare Provider for Improvement of Overall Health of the GIDA Population*

Participant Code	Exemplars	Codes	Theme
P1	*"Coordinating care through referral system to access for the resources and other healthcare services. My advocacy as a community health nurse that will benefit the GIDA population is to improve access to healthcare services."*	Access to health care services/resources	Healthcare Provider
P2	*"I perceived my role in improving the health of GIDA population as multifaceted and crucial because it's not just about providing direct medical care but also involves healthcare delivery."*	Healthcare delivery	

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P6	*"As a community health nurse, I envision an easy access to quality healthcare services of people in the GIDA population, thus, decreasing mortality and morbidity rate."*	Healthcare services	
P8	*"My role in improving the health of GIDA population is critical. I realized that many people have no access for the basic health services."*	Access for the basic health services	
P9	*"I am helping the barangay in maintaining their health in a better state. I am doing checkups especially for basic illnesses that they have. I also do internal examination to the pregnant woman who are in labor and many more services that's why my role is important."*	Access for the basic health services	
P14	*"My job is a very important job and remote areas need more health services that's why I cannot quit my job. I am helping them have the healthcare services reachable to them, not costly since it's free."*	Healthcare services	
P16	*"I would focus on requesting for proper medical equipment such as an ambulance and to have enough supply of medicines."*	Proper medical equipment	

Table 16 presents the community health nurses' perceived role as healthcare provider for GIDA population. Participants viewed their responsibilities as essential in bridging healthcare gaps, emphasizing direct service delivery, patient referrals, and advocacy for essential resources. Participants such as P1 and P6 highlighted the significance of making healthcare more accessible despite the challenges posed by geographical remoteness. They recounted instances where they had to travel long distances and navigate difficult roads to provide medical assistance to underserved communities. P2 and P6 also echoed these sentiments, emphasizing the importance of direct community healthcare delivery and capacity building to ensure sustained health improvements in these areas.

Similarly, P8 underscored the scarce access to basic health services. P9 and P14 noted the need for increased health promotion efforts, particularly in encouraging community members to embrace basic healthcare services and seek medical attention when needed. Additionally, P16 stressed the importance of securing proper medical equipment, such as ambulances and an adequate supply of medicines, to enhance healthcare accessibility. Smith & Jones (2020) indicated that being a healthcare provider remains a pressing issue in rural and remote communities, requiring innovative solutions to bring services closer to those in need. Thus, community health nurses adopted innovative strategies such as teleconsultation, and community-based interventions to enhance service reach.

Improving healthcare accessibility was instrumental in addressing disparities and promoting equitable healthcare, ensuring that no one is left without essential medical attention. Their continuous efforts in service delivery, resource mobilization, and advocacy contributed to the development of better health infrastructure and stronger health-seeking behaviors among the local population.

Table 17. Perceived Role in Terms of Advocate for Health Equity for Improvement of Overall Health of the GIDA Population

Participant Code	Exemplars	Codes	Theme
P1	*"Addressing inequities and promoting health equity."*	Promotion of health equity	Advocate for Health Equity
P6	*"I believe that I play a vital role in the improvement of health of the GIDA population."*	Improvement of health	

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P7	*"My health advocacy would focus on several key areas such as; addressing specific health concern of the community, improving maternal and child health, safe delivery services, childhood immunization and malnutrition,and mental health."*	Addressing specific health concern	
P8	*"I realized that many people have no access for the basic health services and my health advocacy would focus on health promotion and good sanitation for them to prevent from getting illness and even if they had, they will be able to know how to manage themselves basically."*	Health promotion and good sanitation	
P9	*"I am currently assigned in one of the barangays with IPs and I am noticing their lack of interest to the prenatal care. I want to advocate to them the importance of prenatal care, vaccination of pregnant women and also the importance of delivery in the healthcare facility rather than home delivery."*	Maintain their health in a better state	
P11	*"As a nurse, I believe that I play a very important role in identifying health needs of the people that I am handling in the community."*	Identify health needs	
P13	*"I want to strengthen the delivery of an effective health care by implementing the DOH program to the people."*	Implement the DOH program	

17 illustrates the function of community health nurses as advocates for health equity in the GIDA population. The findings indicated that advocacy for health equity emerged as a significant theme among community health nurses. Participants such as P1 and P6 emphasized their role in addressing healthcare disparities and promoting equitable healthcare, particularly for marginalized groups such as pregnant women, children and elderly, and Indigenous communities.

P7 and P8 highlighted the need for targeted health advocacy, focusing on maternal and child health, immunization, and sanitation improvements in areas where the GIDA population were often underserved. Additionally, P13 stressed the importance of implementing Department of Health (DOH) programs to ensure effective healthcare delivery, underscoring how such initiatives directly benefited their communities.

Advocacy efforts were essential in fostering inclusive healthcare policies and improving health outcomes for disadvantaged population (Gonzalez et al., 2019). P9 and P11 also contributed by identifying specific health needs in their respective communities and working towards addressing these gaps. They played a key part in providing access to preventive care and facilitating health education, making sure that each one in the population received necessary medical support. P3 and P14 further emphasized the necessity of healthcare programs that were relevant and effective.

Table 18. *Perceived Role as a Health Educator for Improvement of Overall Health of GIDA Population*

Participant Code	Exemplars	Codes	Theme
P1	*"My role as a community health nurse is giving the quality of healthcare by providing health education. "*	Providing health education	Health Educator
P2	*"I perceived my role in improving the health of GIDA population as multifaceted and crucial because it's not just about providing direct medical care but also*	Community advocacy; capacity building	

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	involves community advocacy and engagement, direct community healthcare delivery and capacity building."		
P3	*"I would focus on health care promotion and prevention of illness."*	Health care promotion and prevention of illness	
P4	*"I can see the good results to the health of the GIDA People. They become more active in participating in terms of health activities, prevention of illness, and promotion of health through various measure. I think putting the community at the center of public health advocacy, I must have ears and heart that ready to listen and make them feel that they are important. I want to help them through health teaching that they may also share to their own family.""*	Health activities, prevention of illness, and promotion of health	
P10	*"I consider my role as a very important role especially as health educator."*	Health educator	
P11	*" I want to have a strong advocacy and timely access to correct health information to the community that I have been serving."*	Access to correct health information	
P12	*"My role is important and the service that I am trying my best to do what I can just to help them know how to take good care of their health."*	Taking care of one's health	
P14	*"I would focus more on health promotion and encouragement for them to embrace the basic health care."*	Health promotion and encouragement	
P15	*"I would choose to give health education especially the basic knowledge to prevent illness and the proper management that will help the people in the community."*	Health education	

Table 18 presents the role of community health nurses as providers of health education to the GIDA population. The analysis demonstrated that health education was frequently cited as one of the approaches to improve public health in these communities. Participants such as P1 and P4 emphasized their role in conducting health seminars, workshops, and awareness campaigns to educate communities about disease prevention, maternal health, and hygiene practices. They reported that providing accessible and culturally sensitive health information helped empower community members to take charge of their health.

P10 and P11 highlighted the importance of ensuring timely access to accurate health information, particularly for individuals with low literacy levels, by utilizing visual aids, storytelling, and hands-on demonstrations. P15 stressed the need for basic health education to empower individuals with knowledge of illness prevention and proper health management. Community-based health education programs significantly reduce preventable diseases and improve health behaviors in underserved areas (White & Taylor, 2021). Effective health education initiatives are critical in promoting long-term behavioral changes that lead to better health outcomes. By prioritizing health education, community health nurses enhanced public awareness and encouraged proactive health-seeking behaviors, ultimately contributing to disease prevention and improved well-being for the GIDA population.

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Table 19. Perceived Role as Community Health and Program Implementer for Improvement of Overall Health of the GIDA Population

Participant Code	Exemplars	Codes	Theme
P2	*"I perceived my role in improving the health of GIDA population as multifaceted and crucial because it's not just about providing direct medical care but also involves direct community healthcare delivery and capacity building. I would focus on strengthening community partnerships; the collaboration of local leaders, community organizations and other healthcare provider to develop comprehensive healthcare solution that will solve the healthcare needs of the GIDA community.*	Strengthening community partnerships	Community Health and Program Implementer
P9	*"I am helping the barangay in maintaining their health in a better state. I am doing checkups especially for basic illnesses that they have. I also do internal examination to the pregnant woman who are in labor and many more services that's why my role is important."*	Helping the barangay in maintaining their health	
P10	*"I will be choosing to advocate community awareness and prevention of diseases."*	Advocate community awareness and prevention of diseases	
P12	*"I want to focus more on strengthening the National Immunization Program, the Safe Motherhood as well as the Family Planning."*	Strengthening programs	
P13	*"I want to strengthen the delivery of an effective health care by implementing the DOH program to the people."*	Implement DOH program	
P15	*"My role is important to the people in the community by monitoring their health needs and ensuring the safety whenever I give vaccines and even basic medications."*	Share expertise to people	
P16	*"I am helping the barangay in maintaining their health in a better state. I am doing checkups especially for basic illnesses that they have. I also do internal examination to the pregnant woman who are in labor and many more services that's why my role is important."*	Give vaccines and even basic medications	

Table 19 highlights the role of community health nurses as implementers of community health program within the GIDA population. Results suggested that strengthening patient care was a vital role undertaken by community health nurses to enhance the overall healthcare system in these communities. Participants such as P9 and P12 emphasized their involvement in vaccination drives, maternal health programs, and patient follow-ups to ensure continuity of care. They described the importance of sustained patient engagement, particularly for individuals with chronic illnesses who require regular monitoring and support.

P2 and P13 highlighted the importance of establishing strong community partnerships and implementing DOH programs to improve healthcare delivery, noting that collaboration with local leaders and health organizations enhanced the effectiveness of their initiatives. Furthermore, P16 discussed the

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need for careful health monitoring and medication administration to ensure patient safety, particularly for high-risk groups such as pregnant women, infants, and the elderly.

Strengthening healthcare systems through approaches such as teleconsultation, systematic referrals, and community follow-ups was essential for optimizing patient care in remote settings (Lee et al., 2022). Structured follow-up care significantly improves health outcomes, as patients receive timely interventions and necessary medical attention.

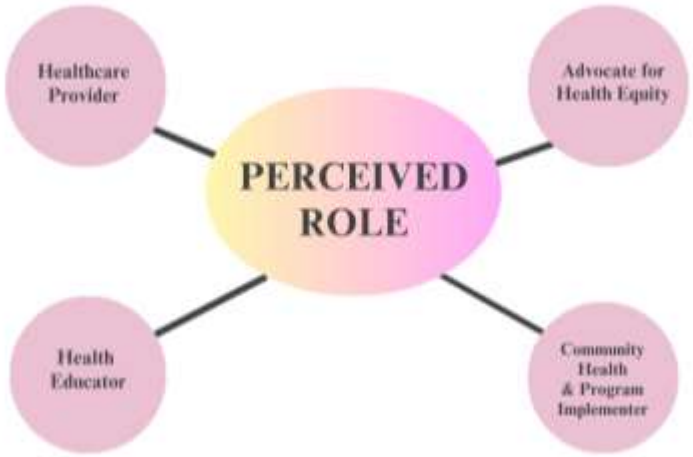

Figure 5. *Perceived role in the Delivery of Healthcare to the GIDA population*

Part V. Research Output: Community Health Nurses Journal: *"Sharing Stories, Shaping Lives"*

The journal guide was developed in response to the need to acknowledge and give voice to the experiences of community health nurses, particularly those working in the GIDA population. The study revealed that although these community health nurses played a critical role in healthcare delivery, their struggles, coping strategies, and motivations were often overlooked. By compiling these insights and experiences, the journal aimed to serve as a meaningful resource that will address this gap, raise awareness, and provide both emotional and professional support to community health nurses.

This journal guide contributed to the well-being and professional growth of community health nurses by serving as a reflective tool that they could use during their free time. It offered comfort, encouragement, and a sense of solidarity by allowing them to relate to shared experiences. The guide also provided practical insights and inspiration to help them navigate the daily challenges of their work. For aspiring community health nurses, it offered a realistic and motivating perspective on the profession. Ultimately, the journal aimed to uplift morale, strengthen resilience, and promote a deeper appreciation for the dedication and impact of community health nurses within their communities.

Summary of Findings

Based on the study conducted by the researcher, the following findings are hereby presented:

1. In line with their experiences in delivering healthcare services to the GIDA population, community health nurses described them as deeply meaningful despite the hardships. They highlighted their role in ensuring healthcare accessibility, community involvement, and direct medical services. Additionally, they expressed a sense of fulfillment from serving in GIDA population and emphasized the importance of their roles in promoting and delivering healthcare services and improving the public health of every member of the community.

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2. The primary challenges encountered by community health nurses in the GIDA population included geographic barriers, limited medical resources and logistical resources, inadequate healthcare facilities, and emotional and physical fatigue.
3. Nurses highlighted some of the challenges such as lack of proper roads and transportation systems that made it difficult to reach patients in need, while insufficient medical supplies and outdated healthcare infrastructure hindered the effectiveness of their services. The emotional strain of working in high-need, low-resource environments also contributed to burnout and job dissatisfaction.
4. To cope with the mentioned challenges, community health nurses employed various adaptive strategies, such as personal motivation and commitment to service, support system and community appreciation as sources of strength and being resourceful to improve healthcare access in remote areas. They also leveraged support from local government support through communication and coordination to ensure healthcare services are efficiently delivered. Resilience, teamwork, and a sense of purpose were all critical in navigating these challenges.
5. Community health nurses perceived their role as multifaceted to better serve the GIDA population. They identified themselves as healthcare providers, advocates for health equity, health educators, and community program implementers. They emphasized the need for stronger policy support to improve healthcare delivery, as well as the importance of public awareness campaigns to encourage preventive health measures. Their work extended beyond clinical services to include mentoring local health workers and facilitating capacity-building activities within the community.
6. The researcher documented the experiences, challenges, and coping strategies and perceived role of community health nurses working in Geographically Isolated and Disadvantaged Areas (GIDA) population. As an outcome, the researcher developed a reflective and narrative based journal which was deeply rooted in the key findings of the study entitled *Community Health Nurses Journal: "Sharing Stories, Shaping Lives",* highlighting their dedication and resilience in overcoming obstacles.

CONCLUSIONS

Based on the summary of findings, the researcher came up with the following conclusions.

1. Community health nurses primarily function to deliver healthcare services to the GIDA population, demonstrating commitment and resilience. Their efforts are vital in terms of bridging healthcare gaps and ensuring that even the most isolated communities receive essential medical care.
2. The challenges encountered by community health nurses, including geographical barriers, mobility issues, limited resources, and emotional strain, significantly impact their ability to provide quality healthcare services to the GIDA population. Without adequate support systems, these barriers compromise the efficiency and effectiveness of healthcare delivery, leading to gaps in healthcare delivery.
3. The coping mechanisms utilized by community health nurses, such as personal motivation and commitment to service, support system and community appreciation, local government support through communication & coordination, and being resourceful were essential in overcoming obstacles and enhancing healthcare service delivery. These strategies highlighted the adaptability and innovation required to function effectively in a remote healthcare setting.
4. The perceptions of community health nurses regarding their roles highlighted the need for systemic improvements to ensure the sustainability and effectiveness of healthcare services in GIDA areas. Being healthcare providers, advocates for health equity, health educators, and community program implementers would create a more supportive environment in delivering a more improved health for the GIDA population.

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5. The journal *Community Health Nurses Journal: "Sharing Stories, Shaping Lives"* aimed to raise awareness, promote knowledge-sharing, and recognize the crucial role of nurses in delivering accessible and quality healthcare. Ultimately, it sought to inspire and empower healthcare providers by showcasing their perseverance and commitment.

Recommendations

Considering the significance of the study and the consolidation of the relative importance of its findings and conclusions, the researcher recommends the following:

1. ***Community Health Nurses***. Community health nurses are encouraged to engage in continuous reflection and sharing of their lived experiences through professional journals, peer-learning initiatives, and other knowledge-sharing platforms. The development of personal experience journals is also recommended as a valuable resource that may serve as a guide and source of insights for future community health nurses, particularly those assigned in geographically isolated and disadvantaged areas (GIDA).
2. ***Nursing Organizations (Association of Nursing Service Administrators of the Philippines – ANSAP).*** Nursing organizations are encouraged to establish structured support systems for community health nurses, including regular debriefing sessions, peer mentoring programs, and access to mental health and psychosocial support services to help address emotional and professional challenges. Furthermore, they may advocate for policy improvements that promote safer working conditions, equitable compensation, adequate resources, and continuous professional development opportunities for community health nurses assigned in underserved communities.
3. ***GIDA Population/Clients***. The GIDA population is encouraged to actively participate in healthcare programs and initiatives by strengthening collaboration and communication with community health nurses and healthcare providers. Increased community involvement may contribute to improved health outcomes, greater trust, and stronger engagement in healthcare services and programs designed to address their healthcare needs.
4. ***Rural Health Unit (RHU)***. The Rural Health Unit is encouraged to utilize the insights gained from the experiences of community health nurses as a basis for reviewing and improving operational policies and practices. The RHU may strengthen support mechanisms for healthcare workers, enhance the availability of medical resources, and streamline healthcare operations to improve healthcare delivery for the GIDA population.
5. ***Local Government Unit (LGU)***. The Local Government Unit is encouraged to provide adequate financial support to Rural Health Units by allocating sufficient resources for healthcare services in geographically isolated and disadvantaged areas. This includes providing necessary medical supplies, equipment, infrastructure support, and other resources needed to improve the efficiency and effectiveness of healthcare delivery.
6. ***Department of Health (DOH)***. The Department of Health is encouraged to develop and enhance policies and programs that address the specific healthcare challenges experienced in geographically isolated and disadvantaged areas. Strengthening healthcare infrastructure, implementing targeted interventions, and providing sustainable support mechanisms may contribute to improving healthcare accessibility and advancing the Philippine healthcare system.
7. ***Future Researchers***. Future researchers are encouraged to use this study as a reference for further investigations regarding the experiences of community health nurses assigned in geographically isolated and disadvantaged areas. Future studies may explore innovative healthcare delivery models, evaluate long-term interventions, and examine additional factors that contribute to sustainable healthcare solutions for underserved communities.

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