International Journal of Sustainability and Advanced Integrated Research
Volume 2, Issue 2 (April-June 2026) | ISSN: 3107-7854
DOI: https://doi.org/10.65339/ijsair.V2.I2.618

# Psychological Resilience of Healthcare Workers After the Covid-19 Pandemic: An Exploratory Study

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Publication history: Received: May 12, 2026; Revised: June 6, 2026; Accepted: June 14, 2026
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## Abstract

This study explored the psychological resilience of healthcare professionals in the National Capital Region (NCR) during the post-pandemic period. Specifically, it examined how individual, organizational, societal, and physiological factors influenced healthcare workers' ability to adapt, recover, and sustain well-being following the COVID-19 pandemic. The study was anchored in Resilience Theory, the Transactional Model of Stress and Coping, and the Biopsychosocial Model. A qualitative phenomenological research design was employed to gain an in-depth understanding of participants' lived experiences. Ten healthcare professionals, including physicians, nurses, and allied health workers, were purposively selected from various healthcare institutions in the NCR. Data were collected through semi-structured interviews and analyzed using thematic analysis. The findings revealed that resilience was influenced by a combination of personal strengths, adaptive coping strategies, workplace support, and external factors. Participants identified patience, empathy, emotional regulation, self-care practices, and a strong sense of purpose as essential qualities that enabled them to manage stress and maintain well-being. Structured routines, reflection, mindfulness, and support-seeking behaviors further strengthened resilience. Organizational factors such as supportive leadership, teamwork, effective communication, and access to mental health resources contributed positively to participants' experiences. However, staffing shortages, excessive workloads, limited systemic support, delayed benefits, and inconsistent policy implementation posed significant challenges. Participants also emphasized the need for continuous mental health programs, supportive leadership, and adequate staffing to sustain resilience in the long term. The study concluded that post-pandemic psychological resilience among healthcare professionals is a dynamic and multifaceted process shaped by the interaction of personal, organizational, societal, and physiological influences. The findings highlight the importance of integrated interventions that strengthen both individual coping capacities and institutional support systems. The study supports Sustainable Development Goals 3 (Good Health and Well-Being) and 8 (Decent Work and Economic Growth) by promoting healthcare worker well-being and supportive work environments. Furthermore, it contributes to public health and institutional sustainability by providing insights that may guide workforce support initiatives, mental health programs, and organizational practices that foster long-term resilience in healthcare settings.

**Keywords:** Adaptation, Emotional Regulation, Healthcare Professionals, Mental Health, Post-Pandemic Resilience, Psychological Resilience, Support Systems, Well-Being

## 1. Introduction

The COVID-19 pandemic placed unprecedented pressure on healthcare systems worldwide, exposing healthcare professionals to prolonged stress, emotional exhaustion, heavy workloads, and uncertainty (World Health Organization [WHO], 2020). Although the acute phase of the crisis has ended, its psychological consequences continue to affect healthcare workers' well-being (Labrague, 2021). Psychological resilience, understood as the capacity to adapt, recover, and maintain well-being despite adversity, has therefore become an important area of inquiry. Existing studies largely focus on resilience during the pandemic, while limited evidence exists regarding how healthcare professionals sustain resilience and recovery in the post-pandemic period. This study explores the psychological resilience of healthcare professionals in the National Capital Region (NCR), emphasizing individual, organizational, biological, and societal experiences that contribute to adaptation, recovery, and sustained well-being.

### 1.1 Psychological Resilience Among Healthcare Professionals in the Post-Pandemic Period

The COVID-19 pandemic exposed healthcare professionals to significant physical, emotional, and psychological demands. Reports documented fatigue, increased infection risk, emotional distress, excessive workloads, and concerns about transmitting the virus to family members (Emotions and Stress Coping Mechanisms of HCWs a Year after the COVID-19 Pandemic, Acta Medica Philippina, 2021). International studies likewise reported heightened anxiety, depression, burnout, and post-traumatic stress symptoms among healthcare workers (Shanafelt et al., 2020; Southwick et al., 2014). Psychological resilience has emerged as a critical factor in understanding how healthcare professionals adapt to these challenges. Resilience is viewed as a dynamic process influenced by individual coping abilities, social relationships, and

environmental support systems rather than as a fixed trait (Carascal, Ocampo, & Balingit, 2022). Filipino healthcare professionals with higher resilience reported lower stress and burnout and greater work engagement during the pandemic (Labrague, 2021; Delos Santos et al., 2022). As healthcare systems transition beyond crisis response, resilience increasingly involves long-term recovery, adjustment, and adaptation to continuing occupational demands.

**1.2 Themes and Insights on Psychological Resilience of Healthcare Professionals**

Literature consistently characterizes resilience as a multidimensional and dynamic process shaped by individual, organizational, and societal influences (Haldane et al., 2022). Studies indicate that adaptive coping mechanisms, spirituality, emotional regulation, peer support, and a sense of purpose contribute positively to resilience among healthcare workers (Carascal et al., 2022; Department of Health Central Luzon Center for Health Development, 2022; Rillera-Marzo et al., 2022). Conversely, avoidance and withdrawal have been associated with increased vulnerability to psychological distress (Corpuz, 2022). Healthcare organizations also influence resilience through leadership support, psychosocial services, staffing adequacy, communication practices, counseling services, and workplace recognition (Acta Medica Philippina, 2021; Carascal et al., 2022). At the societal level, public recognition, mental health initiatives, healthcare policies, and community support contribute to healthcare workers' perceptions of recovery and well-being (Padilla, 2024). Research further shows that healthcare workers experienced elevated levels of anxiety, depression, stress, burnout, and emotional exhaustion during and after the pandemic (Shaukat et al., 2020; Carascal et al., 2022; Hilvano-Cabungcal & Bonito, 2024; Laviña et al., 2024). However, resilience remains associated with positive adaptation, recovery, and continued professional commitment despite adversity (Labrague, 2021; Haldane et al., 2022).

**1.3 Local, National, and Global Context of Post-Pandemic Psychological Resilience Among Healthcare Professionals**

Globally, healthcare workers experienced significant psychological strain throughout the COVID-19 pandemic (World Health Organization [WHO], 2020; Shaukat et al., 2020). Similar conditions were documented in the Philippines, where healthcare professionals reported emotional exhaustion, uncertainty, and increased anxiety during the pandemic peak (Uy et al., 2021). National efforts included mental health and psychosocial support initiatives implemented by healthcare institutions and government agencies to address urgent psychological needs. The Philippine Council for Mental Health and the World Health Organization introduced the Mental Health Strategic Framework 2024–2028 to strengthen mental health systems and support healthcare workers (Padilla, 2024). Despite these initiatives, workforce shortages, uneven resource allocation, and continuing psychological challenges remain concerns. Within the National Capital Region (NCR), which served as the center of the country's pandemic response, healthcare professionals experienced particularly intense demands. Although numerous studies examined immediate psychological outcomes during the crisis, evidence on post-pandemic adaptation, recovery, and sustained resilience remains limited (Labrague, 2021; Sadang, 2021).

**1.4 Theoretical and Conceptual Foundations of Psychological Resilience Among Healthcare Professionals**

This study is anchored in Resilience Theory and supported by the Biopsychosocial Model. Resilience Theory views resilience as a dynamic process of adaptation and recovery shaped by interactions between individuals and their environments rather than as a fixed personality characteristic. Contemporary evidence suggests that resilience develops through coping strategies, supportive relationships, and contextual resources that enable individuals to overcome adversity (Haldane et al., 2022). The Transactional Model of Stress and Coping (Lazarus & Folkman, 1984) further explains resilience by emphasizing cognitive appraisal and coping resources in managing stress. Healthcare workers utilize both problem-focused and emotion-focused coping strategies, including positive reframing, social support-seeking, and spiritual grounding (Rillera-Marzo, Villanueva, & Htay, 2022). The Biopsychosocial Model (Engel, 1977) complements these perspectives by organizing resilience experiences across biological, psychological, and social dimensions. Biological factors include fatigue, sleep patterns, and physical recovery; psychological factors involve emotional regulation, coping, and self-awareness; and social factors encompass workplace culture, leadership support, family relationships, and community recognition. Circadian Rhythm Theory (McEwen, 2006) also provides supporting insight by highlighting the role of rest and physiological recovery in maintaining well-being. Conceptually, psychological resilience is understood as a dynamic process influenced by individual coping capacities, organizational support systems, and societal contexts. These domains interact to shape healthcare professionals' experiences of adaptation, recovery, and sustained well-being in the post-pandemic period.

**1.5 Research Gaps on Post-Pandemic Psychological Resilience Among Healthcare Professionals in the NCR**

Despite extensive literature on healthcare workers' during the COVID-19 pandemic, important gaps remain. Most studies focus on stress, anxiety, burnout, fear of infection, and coping during the crisis itself rather than examining long-term recovery and resilience after the pandemic (Hilvano-Cabungcal & Bonito, 2024; Labrague, 2021; Sadang, 2021). Current research frequently treats resilience as a protective factor during active crises, with limited attention to resilience as an ongoing adaptive process beyond emergency conditions (Carascal, Ocampo, & Balingit, 2022). Furthermore, many studies examine isolated variables such as coping strategies or workplace stress without integrating individual, organizational, and societal influences (Corpuz, 2022; Leyva et al., 2024; Padilla, 2024). Most local studies also employ quantitative approaches that measure resilience through surveys and psychological scales, limiting understanding of healthcare workers

lived experiences and interpretations of resilience (Sadang, 2021). Consequently, qualitative and exploratory investigations remain necessary to understand how healthcare professionals adapt, recover, and sustain well-being in the post-pandemic context. This study addresses these gaps by exploring how healthcare professionals in the NCR describe and interpret personal, organizational, societal, and biological experiences associated with psychological resilience after the pandemic.

### 1.6 Alignment of Post-Pandemic Psychological Resilience Research with Relevant Sustainable Development Goals (SDGs)

This study aligns primarily with SDG 3 – Good Health and Well-Being by examining factors that support the psychological well-being, resilience, and recovery of healthcare professionals. Understanding resilience contributes to the development of mental health support systems and workplace practices that promote long-term well-being among healthcare workers. The study also aligns with SDG 8 – Decent Work and Economic Growth because resilience, organizational support, and healthy work environments contribute to workforce sustainability, employee well-being, and professional engagement within healthcare institutions. Additionally, the study supports SDG 16 – Peace, Justice, and Strong Institutions through its emphasis on organizational support systems, healthcare policies, leadership practices, and institutional responses that strengthen healthcare workforce capacity and well-being.

### 1.7 Importance of Post-Pandemic Psychological Resilience Research to Multidisciplinary Sustainability

The study contributes to public health sustainability by generating insights that may strengthen mental health programs and resilience-building initiatives for healthcare professionals. Supporting healthcare workers' well-being is essential for maintaining effective healthcare services and preparedness for future public health emergencies. The study also contributes to socio-economic sustainability by promoting workforce retention, engagement, and productivity within healthcare organizations. Understanding resilience can help institutions develop supportive workplace environments that reduce burnout and enhance long-term professional functioning. From a policy and governance sustainability perspective, the findings may inform healthcare policies, organizational practices, and mental health frameworks that support healthcare workers beyond crisis periods. The study likewise contributes to institutional sustainability by highlighting organizational conditions that foster recovery, adaptation, and resilience among healthcare professionals. Overall, the study advances understanding of how healthcare professionals sustain psychological well-being in the post-pandemic environment and provides evidence that may support the development of resilient healthcare systems and a sustainable healthcare workforce.

## 2. Material and methods

### 2.1 Research Design

This study employed a qualitative phenomenological research design to explore the psychological resilience of healthcare workers in the post-pandemic setting. Phenomenology was utilized to understand how participants interpreted and gave meaning to their lived experiences during and after the COVID-19 pandemic. Rather than measuring resilience as a predetermined outcome, the study focused on identifying patterns, meanings, and experiences emerging from participants' narratives. Through firsthand accounts, the study sought to gain a deeper understanding of how healthcare professionals experienced, maintained, and described resilience following a prolonged public health crisis.

### 2.2 Locale of the Study

The study was conducted in selected healthcare facilities within the National Capital Region (NCR), including public and private hospitals and other healthcare settings. These institutions were chosen based on participant accessibility and willingness to participate. The NCR was selected because of its significant role during the COVID-19 pandemic and the continued presence of healthcare professionals who directly experienced pandemic-related challenges and post-pandemic recovery.

### 2.3 Respondents of the Study

The respondents consisted of healthcare professionals who were directly involved in patient care during the COVID-19 pandemic and continued working in healthcare settings during the post-pandemic period. Participants included physicians, nurses, and allied health professionals such as respiratory therapists, psychometricians, EEG technicians, and EMG technicians. They represented diverse healthcare roles and worked in tertiary, government, private, teaching, and hospital-based healthcare facilities. Their varied professional experiences provided multiple perspectives on resilience, adaptation, and recovery in healthcare environments.

### 2.4 Sample and Sampling Procedure

Purposive sampling was employed to recruit healthcare professionals who met the study's inclusion criteria. Initially, approximately ten participants were invited, consistent with phenomenological research recommendations that typically involve small samples capable of generating rich descriptions of lived experiences. Participant recruitment remained flexible and was guided by the principle of data saturation rather than a fixed sample size. Data saturation was considered achieved when additional interviews no longer generated new themes, meanings, or significant insights. Throughout data

collection and analysis, participant responses, codes, and emerging themes were continuously reviewed to determine whether new information was still emerging. Based on previous phenomenological studies, saturation was expected to occur between eight and ten participants.

### 2.5 Research Instrument

Data were gathered using a semi-structured interview guide composed of open-ended questions. The instrument enabled participants to freely discuss their experiences while allowing the researcher to explore relevant emerging topics in greater depth. Consistent with phenomenological inquiry, the interview guide focused on participants' professional roles, experiences during the COVID-19 pandemic, coping strategies, sources of support, workplace experiences, and perceptions of resilience in the post-pandemic period. The questions encouraged reflection on emotional and psychological challenges, coping mechanisms, supportive relationships, workplace changes, personal resilience, mental well-being, and institutional support for healthcare workers. The interview guide was designed to generate detailed narratives regarding the factors that contributed to participants' adaptation, recovery, and resilience.

### 2.6 Data Gathering Procedure

Data were collected through semi-structured, in-depth interviews conducted either face-to-face or through video conferencing, depending on participant preference and availability. Each interview lasted approximately 45 to 60 minutes. With participant consent, interviews were audio-recorded to ensure accurate documentation of responses. Following each interview, recordings were transcribed verbatim. Participants could be contacted when clarification of responses was necessary. The use of recorded interviews and verbatim transcription enhanced the accuracy and completeness of the data collected.

### 2.7 Data Analysis Techniques

The data were analyzed using thematic analysis guided by Braun and Clarke (2006). This method was selected because it facilitated the systematic examination of participant narratives and the identification of recurring themes, common meanings, and significant experiences related to psychological resilience. Interview recordings were transcribed verbatim and repeatedly reviewed to ensure familiarity with the data. The researcher conducted manual line-by-line coding by identifying meaningful words, statements, and experiences relevant to the research questions. Similar codes were grouped into categories, which were subsequently compared across transcripts to identify patterns, similarities, and differences. Following Braun and Clarke's (2006) framework, the analysis involved familiarization with the data, generation of initial codes, identification of themes, refinement of themes, definition and naming of themes, and preparation of the final report. Throughout the process, reflexive notes and analytical memos were maintained to document interpretations and minimize researcher bias. Repeated examination of transcripts, codes, and themes ensured consistency and alignment with participant narratives. The analysis emphasized understanding patterns, meanings, contextual experiences, and shared perspectives of psychological resilience among healthcare professionals rather than establishing causal relationships. Findings were interpreted in relation to the study's theoretical and conceptual frameworks. (Braun and Clarke, 2006).

### 2.8 Ethical Considerations

Ethical principles guided all stages of the study. Prior to participation, healthcare professionals received a complete explanation of the study's purpose, procedures, and voluntary nature. Informed consent was obtained before data collection, and participants were informed of their right to withdraw at any stage without penalty. A modest token of appreciation was provided in recognition of their participation. Confidentiality and anonymity were protected through the use of codes or pseudonyms, and all identifying information was removed from transcripts and reports. Digital files, including recordings and transcripts, were stored in encrypted, password-protected storage accessible only to the primary researcher. Research data were retained for a maximum of five years in accordance with APA data management guidelines and were scheduled for secure destruction after the retention period. Given the potentially sensitive nature of pandemic-related experiences, interviews were conducted in a respectful and supportive environment. Participants could pause or terminate the interview whenever necessary. Debriefing was conducted after each session, and appropriate mental health resources were made available when needed. These measures ensured participant welfare, ethical transparency, and responsible data management throughout the research process.

## 3. Results and Discussion

### 3.1 Individual Factors Influencing Psychological Resilience

#### 3.1.1 Personal Qualities and Attitudes

Participants identified patience, empathy, and a strong sense of purpose as important personal qualities that enabled them to cope with workplace demands. They described remaining calm under pressure, understanding patients' emotional needs, acknowledging their own limitations, and maintaining commitment to patient care despite fatigue, fear, and uncertainty. These findings suggest that resilience is strongly rooted in personal values and professional identity. Patience and empathy helped participants manage stressful situations effectively, while a sense of purpose reinforced motivation and commitment

to healthcare service. The results indicate that resilience extends beyond coping skills and is closely connected to healthcare workers' internal beliefs and dedication to patient care.

#### 3.1.2 Coping Strategies and Self-Care Practices

Participants reported using structured routines, emotional awareness, and support-seeking behaviors to manage stress. Maintaining daily routines, preparing mentally before work, reflecting on experiences, and recognizing emotional overload helped them remain focused and organized. They also emphasized the importance of seeking assistance from colleagues and professional support systems when necessary. These findings demonstrate that resilience was strengthened through deliberate self-care and adaptive coping strategies. Participants actively managed stress through reflection, emotional regulation, and social support, suggesting a proactive approach to maintaining psychological well-being in the post-pandemic environment.

#### 3.1.3 Emotional Regulation

Participants described using mindfulness techniques, controlled breathing, grounding exercises, boundary-setting, reflection, and journaling to manage emotional stress. They emphasized the importance of recognizing personal limits, avoiding emotional overload, and processing experiences through self-reflection. The findings indicate that emotional regulation was central to sustaining resilience. By monitoring emotions and establishing healthy boundaries, participants reduced the risk of burnout and maintained psychological stability. Reflection and journaling further supported emotional awareness and personal growth, allowing participants to process workplace experiences constructively.

### 3.2 Organizational Factors Influencing Psychological Resilience

#### 3.2.1 Workplace Support and Organizational Practices

Participants consistently highlighted the importance of teamwork, supportive leadership, and institutional programs. Reliable colleagues, collaborative work environments, clear communication, approachable supervisors, debriefing sessions, workshops, and mental health initiatives were viewed as valuable sources of support. These findings suggest that resilience is not solely an individual responsibility but is significantly influenced by organizational environments. Supportive workplace relationships, effective leadership, and accessible mental health programs contributed to psychological safety and enhanced participants' ability to cope with workplace stressors.

#### 3.2.2 Workplace Challenges

Participants reported experiencing long work hours, staffing shortages, increasing patient loads, complex clinical cases, and limited systemic support. These challenges created physical fatigue, emotional strain, and increased workplace pressure. The findings reveal that organizational difficulties remain major threats to resilience. While participants adapted through personal coping strategies and teamwork, persistent workload demands and insufficient resources continued to affect well-being. These results highlight the importance of organizational interventions that address structural workplace issues alongside individual resilience-building efforts.

### 3.3 Societal and External Influences on Resilience

#### 3.3.1 Public Recognition, Government Support, and Compensation

Participants described how appreciation from patients, families, donors, and communities provided emotional encouragement and reinforced the value of their work. However, concerns regarding delayed benefits, inconsistent compensation, and limited access to government support programs were also reported. These findings indicate that societal recognition serves as an important emotional resource that strengthens motivation and resilience. At the same time, inconsistent implementation of policies and delayed support reduced morale and contributed to feelings of being undervalued. The results suggest that resilience is influenced not only by workplace conditions but also by broader social and policy environments.

### 3.4 Biological and Physiological Experiences Related to Coping

#### 3.4.1 Physical Fatigue and Recovery

Participants frequently described exhaustion, fatigue, and the effects of prolonged work hours, particularly during periods of understaffing and high patient demand. These physical experiences often accompanied emotional strain and affected their ability to manage stress effectively. The findings demonstrate the close relationship between physical and psychological well-being. Resilience was influenced not only by emotional coping mechanisms but also by participants' capacity for rest, recovery, and physical adaptation. This highlights the importance of considering physiological demands when promoting resilience among healthcare professionals.

### 3.5 Future-Oriented Needs for Sustained Resilience

#### 3.5.1 Continuous Mental Health Programs

Participants emphasized the need for regular and structured mental health programs rather than isolated or one-time interventions. They viewed ongoing counseling, debriefing sessions, and resilience-building initiatives as essential for

long-term well-being. These findings suggest that sustainable resilience requires continuous institutional commitment. Mental health support was perceived as most effective when integrated into routine organizational practices rather than implemented only during periods of crisis.

#### 3.5.2 Supportive Leadership and Organizational Culture

Participants highlighted the importance of leaders who demonstrate empathy, listen to staff concerns, and provide emotional and professional support. Supportive leadership was associated with increased motivation and reduced workplace stress. The findings indicate that leadership plays a critical role in shaping workplace resilience. When leaders acknowledge staff well-being and foster open communication, healthcare workers experience greater psychological support and organizational trust.

#### 3.5.3 Adequate Staffing and Workload Management

Participants stressed that counseling and emotional support alone are insufficient when workloads remain excessive. Adequate staffing, realistic scheduling, and manageable workloads were viewed as essential conditions for recovery and resilience. These findings emphasize that resilience requires both personal and organizational resources. Participants consistently recognized that sustainable well-being depends on operational support, sufficient manpower, and workplace structures that reduce chronic stress and prevent burnout.

### 3.6 Synthesis of Findings

The findings reveal that post-pandemic psychological resilience among healthcare professionals is multifaceted and shaped by the interaction of personal strengths, coping strategies, emotional regulation, workplace support, organizational challenges, societal influences, and physical well-being. Participants demonstrated resilience through patience, empathy, purposeful service, adaptive coping, and emotional awareness, while organizational and societal support systems either strengthened or challenged these capacities. The results further indicate that resilience is not solely an individual attribute but a dynamic process influenced by workplace environments, leadership practices, policy implementation, public recognition, and access to mental health resources. Sustaining resilience therefore requires a comprehensive approach that integrates individual, organizational, and systemic interventions to support the long-term well-being of healthcare professionals.

## 4. Conclusion & Recommendations

The study found that post-pandemic psychological resilience among healthcare professionals is a dynamic process shaped by the interaction of personal qualities, coping strategies, workplace conditions, and external support systems. Patience, empathy, emotional regulation, self-care practices, and a strong sense of purpose helped participants manage stress and maintain well-being. Organizational factors such as supportive leadership, teamwork, communication, and access to mental health resources strengthened resilience, while staffing shortages, heavy workloads, and inconsistent systemic support created additional challenges. Public recognition and professional validation enhanced motivation, whereas delayed benefits and inadequate support affected morale. Overall, resilience was sustained through the combined influence of individual, organizational, and societal factors rather than personal coping alone.

Healthcare workers should continue practicing healthy routines, emotional awareness, and intentional self-care to support long-term well-being. Healthcare institutions should strengthen resilience by providing accessible mental health services, regular debriefing sessions, supportive leadership, effective teamwork, manageable workloads, and continuous professional support programs such as Project CARE. Policymakers should ensure consistent implementation of workforce support measures, including adequate staffing, timely financial benefits, accessible psychological services, and long-term workforce protection programs. Future studies may further examine the interaction of personal coping strategies, workplace support systems, and organizational policies, as well as evaluate structured resilience interventions to strengthen healthcare workforce preparedness and well-being.

The study was limited to ten healthcare professionals working in selected healthcare facilities within the National Capital Region and employed a qualitative phenomenological approach focused on participants' lived experiences. As a result, the findings were intended to provide an in-depth understanding of post-pandemic resilience rather than produce statistically generalizable conclusions. The study relied on self-reported narratives, which may have been influenced by personal interpretation, recall bias, and selective disclosure. Despite these limitations, the study provided valuable insights into the experiences, coping strategies, workplace conditions, and support systems that shaped psychological resilience among healthcare professionals in the post-pandemic period.

## Compliance with ethical standards

The study was conducted in accordance with established ethical principles for research involving human participants. Participation was voluntary, and individuals were provided with adequate information regarding the purpose and procedures of the study prior to participation. Measures were implemented to protect participant confidentiality, anonymity, welfare, and privacy throughout the research process. Data were handled securely and responsibly, and participants were afforded the right to withdraw from the study at any stage without penalty. The conduct of the study emphasized ethical transparency, respect for participants, and responsible management of research data.

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