



# The narratives of nurse corps and challenges faced in providing nursing interventions during Marawi Siege

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## Abstract

The narratives of military nurses during the Civil War in Marawi City are often overlooked. While the public hears tales of brave soldiers, they tend to forget the crucial role of medicine and first aid. This study highlights the experiences of deployed military nurses and the challenges they faced during the Marawi siege. Using a descriptive phenomenological approach, the researcher sought to understand participants' behaviors from their perspectives. Four participants were selected through criterion sampling, and data were collected via semi-structured interviews. Narratives were transcribed verbatim and analyzed thematically using Braun and Clarke's steps. Four (4) dominant themes emerged: (1) the interplay of key roles in times of conflict, (2) triad of tactical nursing, (3) overcoming the barriers, and (4) echoes of valor. The study reveals that military nurses play a vital role in providing essential medical support to injured personnel but face challenges like emotional stress, logistical issues, and limited resources. Despite these obstacles, they remain dedicated to their duty and proud to serve their country. The study faced challenges including a lack of literature on deployed military nurses' intervention challenges, complicating the literature review. Finding suitable key informants was also difficult, as was ensuring stable internet connectivity during online data collection. Additionally, the recency of participant memories posed a potential obstacle to gathering accurate and detailed information.

**Keywords:** *military nurse, military, nurse corps, nursing, Marawi Siege, Armed Forces of the Philippines*

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## 1. Introduction

The narratives of military nurses during the Civil War in Marawi City are often overlooked. While the public hears tales of brave soldiers, they tend to forget the crucial role of medicine and first aid. Historically, the Crimean War significantly influenced the development of nursing in the 1850s (Fee & Garofalo, 2010; Karimi & Masoudi, 2015). Nurses continued to care for injured soldiers, treating new diseases like trench foot and infections. They also assisted soldiers with battle wounds, focusing on infection prevention. Despite the lack of modern medical supplies, alcohol was used as a disinfectant. During the 20th century's world wars, soldiers suffered injuries, posing new challenges for nurses. However, this also improved nursing education and treatment knowledge, showcasing specialties like trauma nursing, which ensured soldiers' health during combat. From a universal perspective, military nurses have long been involved in humanitarian aid, combat, and military operations. They perform tasks like triage during war or conflict, grading wound management urgency to prioritize care. During non-conflict times, they care for active and retired military personnel and their families (Sadhaan et al., 2022).

On May 23, 2017, gunfire erupted between Philippine government forces and IS-aligned militants, primarily the Maute and Abu Sayyaf groups. Large portions of Marawi City quickly fell under militant control, resulting in widespread destruction, civilian displacement, and significant loss of life. The five-month conflict led to the deaths of 920 militants, 165 soldiers, and 47 civilians. Inspired by Sandra Aguinaldo's GMA News and Public Affairs documentary "Warzone ER" from the "I-Witness" series, which narrates the experiences of the medical corps during the Marawi Siege, this study focuses specifically on the nurse corps of the Armed Forces of the Philippines. This qualitative phenomenological study aims to explore the personal narratives of military nurses during the Marawi conflict and to understand the challenges they faced in providing care to injured military personnel. Specifically, the study seeks to (1) explore these personal narratives, and (2) identify the challenges of providing nursing interventions during the conflict.

## 2. Literature Review

Nursing interventions are crucial for patient management, as they apply all nursing actions to the patient. Nurses work with physicians and specialists to determine the necessary

interventions for each patient. There are three main categories of nursing interventions: independent, dependent, and interdependent. Independent interventions involve nurses performing the intervention independently, such as teaching medication values or obtaining prescriptions. Dependent interventions involve nurses collaborating with other members of the care team, such as a patient recovering from knee surgery who receives pain medication, medication, and physical therapy exercises from a specialist.

In a clinical setting, there are identified challenges in providing quality nursing service to patients while providing nursing interventions and implementations, such as shortages of medical staff, medical supplies, and equipment, among others. In the battle field, due to the intense and high-pressure situation, there are possible challenges that deployed nurses faced while providing nursing interventions and implementations, as they needed to think critically and carefully about every action that they needed to take due to different factors that the military nurses needed to consider before actually performing the nursing interventions and implementations.

### ***2.1 Nurse Corps in Conflict***

During World War II, the role of nurses expanded significantly, with a sharp rise in female nurses due to a severe shortage in the Army Nursing Corps, which had fewer than 7,000 nurses in 1941. To join, women had to meet specific requirements, including being a registered nurse and a U.S. citizen. Army nurses underwent additional training in areas like field sanitation, psychiatry, anesthesia, and physical fitness, as well as learning vital skills such as setting up field medical facilities. Nurses worked closer to the front lines than ever before, enabling faster treatment of the injured, but also exposing them to difficult conditions, emergencies, and the need for quick improvisation. Some even carried firearms for protection or trained as flight and evacuation nurses (Army Nurse Corps Association, n.d.; Kautz, 2023). African-American nurses faced barriers but ultimately served in all theaters of conflict, proving their abilities under extreme conditions. Despite the risks of becoming prisoners of war, nurses prioritized saving lives and providing critical care, marking a significant evolution in their role during wartime (McDwyer, 2021).

## ***2.2 Role of Nursing Corps during War***

Military nurses primarily provide direct patient care, much like civilian Registered Nurses (RNs), including evaluating patients, maintaining medical records, administering medications, and collaborating with other healthcare professionals. As they progress in their careers, they can specialize in specific medical fields (Brooks, 2018). However, the key distinction between military and civilian nursing lies in the work environment. Military nurses may work in diverse and challenging settings, including active combat zones, disaster areas, or military hospitals. These environments often involve emergency and trauma cases, such as gunshot wounds, blood loss, or limb injuries, requiring triage and critical care under pressure. The work can be physically and emotionally demanding, particularly when providing immediate care to soldiers on the front lines (Brooks, 2018).

## ***2.3 Philippine Nurse Corps***

The history of military nursing in the Philippines dates back to the 1896 Philippine Revolution, where Melchora Aquino, known as "Tandang Sora," supported revolutionary troops by providing their needs despite personal risks. This act symbolized the roots of Philippine Military Nursing. Later, under Commonwealth Act 385 (1938) and its complement, Executive Order 267, the Nurse Corps became a recognized branch of the AFP. Initially composed of reserve officers, the Nurse Corps faced challenges, including limited recognition and inadequate training.

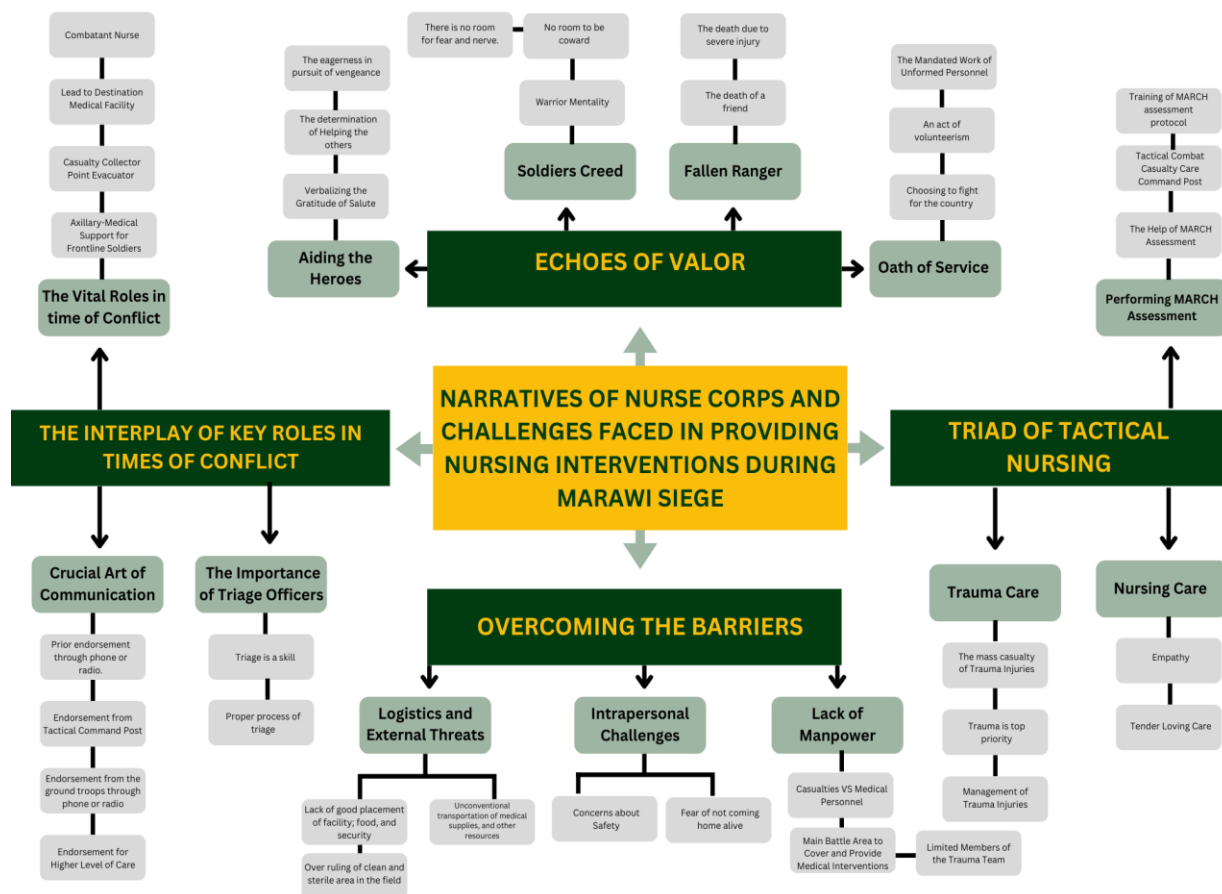
In 1940, Commonwealth Act 569 allowed women to serve in the military, renaming the "Nurse Corps" as "Female Nurses," though they lacked privileges such as salutes and allowances. During World War II, the United States Armed Forces in the Far East (USAFFE) called nurse volunteers to active duty, despite inadequate security. In 1952, the branch was renamed "Nurse Corps, AFP," marking its formal establishment. To professionalize and expand the Nurse Corps, several measures were implemented, including the 1975 Extended Functions of Military Nurses directive and the 1987 Career Development Program for Nurse Corps Officers, which set guidelines for training, career management, and classification of nurses. These reforms elevated the Nurse Corps as a vital component of the AFP, ensuring its growth and professional standards.

### 2.4 Theoretical Framework

According to Grant and Osanloo (2014), in a qualitative research design, the researcher may begin the study with less structured theoretical framework to avoid preconceptions to intervene in the findings of the study. Thus, the researcher should avoid theoretical framework, presumption, and knowledge prior to the study to limit the biases on the data analysis. Theoretical frameworks may emerge based on the analyzed data. Subsequent with the deep reflection and analysis on the narratives of nurse corps, the study made it possible for the researcher to represent the narratives of nurse corps and the challenges they faced in providing nursing interventions during Marawi siege.

Figure 1

Thematic scheme of the narratives of nurse corps and challenges faced in providing nursing interventions during Marawi Siege



There are four identified themes in this study namely, the interplay of key roles in times of conflict; triad of tactical nursing; overcoming the barriers; and lastly, echoes of valor. The first theme shows the collaborative efforts of these crucial positions play a significant role in the success of conflict management and resolution. Each position brings its unique expertise and skills, ensuring a comprehensive strategy for addressing complex conflict issues. By prioritizing effective communication, shared understanding, and coordinated actions, these positions work together to achieve long-lasting peace and stability. The triad of tactical nursing highlights the significance of combining Massive hemorrhage, Airway, Respiration, Circulation, and Hypothermia/Head injury (MARCH) assessment principles with nursing practices to ensure exceptional trauma care. This title emphasizes the need for nurses to excel in both the technical aspects of MARCH assessment and the empathetic nature of nursing, with the ultimate goal of achieving superior patient outcomes and delivering high-quality care. The third theme entitled overcoming the barriers, depicts the portrayal focuses on the collaborative endeavors necessary to maneuver through hindrances in military endeavors. It highlights the importance of strategic preparation and flexibility in conquering logistical obstacles, handling interpersonal relationships within teams, and addressing the crucial requirement for more personnel. Lastly, echoes of valor encompasses the stories of unity, assistance, and companionship during times of conflict, emphasizing the bravery of those who offer aid amid warfare.

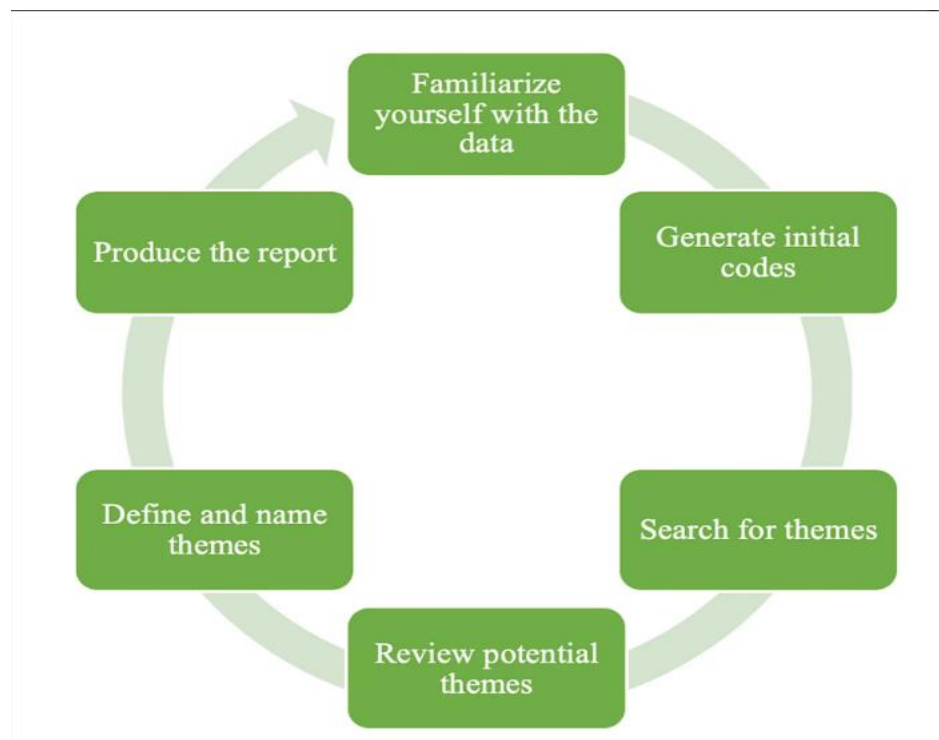
### **3. Methodology**

The study employs a qualitative, descriptive phenomenological approach to explore the narratives of nurse corps and the challenges they faced in providing nursing interventions during the Marawi Siege. Qualitative research contributes to the generation of hypotheses and the further investigation and understanding of quantitative data, participants' experiences, viewpoints, and behaviors are gathered for qualitative research. To be able to gather the data needed for the paper, key-informants or co-researchers are needed. Four male key informants were selected through criterion sampling. Selected key informants are based on the following inclusion criteria, (1) must be a board passer of the Philippine Nursing Licensure Examination and a Philippine Regulatory Commission (PRC) license holder, (2) must be commissioned and a member of the military nurse corps of the AFP, (3) the participants must have been deployed to the war zone during Marawi Siege between the month of May to October of 2017.

Data collection began after securing approvals from the Dean of the College of Health Sciences, the Institution's Research Ethics Committee, and the Chief Nurse of the Armed Forces of the Philippines. Informed consent forms were sent online via Google Forms due to proximity constraints. Interview schedules were arranged based on participants' availability, with ample time for preparation. The virtual interviews, conducted via Google Meet, started with the question, "How do you manage to perform nursing interventions in a war field?" Follow-up questions clarified participants' thoughts, experiences, and feelings.

**Figure 2**

*The continuous cycle of Thematic Analysis*



**Source:** Adopted from Braun and Clarke (2006, 2012)

Thematic analysis, as described by Braun and Clarke (2012), was used, involving reflexivity where the researcher's subjective experience played a key role in interpreting the data. Interviews were recorded using a cellphone and laptop, transcribed, and analyzed to derive significant statements and codes. A detailed interpretation led to the creation of themes addressing the final objectives of the study. Ethical considerations were strictly observed, including informed consent, anonymity, confidentiality, and privacy. The National Ethical

Guideline for Health and Health-Related Research (2022) emphasizes that military culture values obedience, discipline, and training. The principle of "obey first before you complain" necessitates careful consideration of hierarchical relationships in military research, recognizing soldiers as vulnerable in health research contexts.

#### 4. Findings and Discussion

Throughout data analysis, the researcher concludes four (4) themes namely (1) the interplay of key roles in times of conflict, (2) triad of tactical nursing, (3) overcoming the barriers, (4) echoes of valor.

##### *Theme 1: The interplay of key roles in times of conflict*

The theme *the interplay of key roles in times of conflict*, initially descends after the thorough process of research analysis. Under this theme emerges three (3) sub themes namely; (1) vital roles in times of conflict, (2) crucial art of communication, and (3) the importance of triage officers. The collaborative efforts of these crucial positions play a significant role in the success of conflict management and resolution. This evokes a sense of unity, strategy, and purpose in the face of adversity, emphasizing the importance of teamwork and coordination in high-stakes. *Alpha* narrates his experience with the primary role of a ground troop nurse in times of conflict.

*"We have special, or specific, functions as military nurses during times of war. Our procedures, such as health service support for wounded personnel, are purely supportive. By the nature of our function, we are only there to assist; we don't engage in combat or replace ammunition. We focus on providing support."*

##### *Tiger* added his perspective as a naval flight nurse

*"As a naval flight nurse, my perspective is this: when soldiers have a mission to clear an area, there's a high likelihood they'll have casualties. When there are casualties, we operate the casualty collection point. We follow a chain of treatment. The first to receive the patient is not an ambulance but a tank. The tank picks up the patient from the frontline and brings them to us at the casualty collection point. From there, we transfer them to the battalion aid station."*



*Sniper* followed and narrated his role as an Aeromedical Flight Nurse

"As flight nurses, we lead the evacuation to the destination medical treatment facility. Usually, an aeromedical evacuation is requested because the patient's condition is critical. Once we determine that the patient is critical, we prepare the transportation, using tactical combat casualty care for aviation transport."

*Ace* also shared his experience as a ground troop medic

"As ground troop medics, we act as combatants during war, but our primary role is still that of a nurse. This means that, regardless of whether the wounded are allies or enemies, we treat them as nurses. How do we become combatants? During missions, when our lives are threatened, we must defend ourselves."

The respondents also shared that communication between branches of troops is really helpful in performing necessary nursing interventions for injured military personnel. *Alpha* added his narrative;

"You won't be surprised when casualties arrive because you'll receive information ahead of time. They'll call and tell you that casualties are on the way, so you'll be prepared. When they arrive, you won't be caught off guard, as you already have an initial idea of what to expect. You'll know what to prioritize and how to proceed with treatment."

*Tiger* depicts his point of view

"We have what are called tactical command posts. Every time the Marines receive new objectives, we move forward and position ourselves beside the tactical command post."

*Sniper* shares his experience

"Medics on the ground usually call us. We have casualty collection points where patients are brought and posted by the medics."

*Ace* followed,

"We then call for a higher level of care. Once we transfer the patient to them, they continue the treatment or improve what we've already done. They take over and ensure the patient is ready for transport."

Some of the key informants of this study attest that using a triage system in times of conflict is helpful for the management of casualties in the area

*Tiger* shares his narrative

"Another skill we are trained in is triage. In war, it's usually mass casualties, not just one patient at a time. A tank might carry eight casualties, and more tanks and trucks will follow. Prioritization is key. In triaging, we follow a rule for our interventions. When a patient arrives with severe injuries, such as decapitation, it's clear that we cannot treat that. We prioritize those we can save."

*Ace* followed

"I believe we helped by following our processes. We triage the patient, assess their condition using the appropriate methods using NoiPoiDoiToi assessment, and transfer them to a higher level of care."

Effective medical care and evacuation strategies are vital in military operations to ensure the survival of casualties and the success of missions. Maddry et al. (2024) emphasize the critical role of ground troops and corpsmen in stabilizing and providing continuous care to patients before transfer to higher-level facilities. Similarly, Khorram-Manesh et al. (2022) highlight the significance of reducing transport times and establishing medical points near combat zones, demonstrating that prompt evacuation and initial care can save up to 98% of soldiers not immediately killed in action. Military nurses are central to these efforts, as they provide medical support, manage combat injuries, and coordinate transportation, requiring advanced communication and organizational skills (Huijuan et al., 2022). Effective communication, as noted by Sadhaan et al. (2022), ensures cohesive teamwork and safe care in high-risk conflict areas. The role of triage officers, originating during World War I, remains essential for prioritizing care, balancing resource allocation, and maintaining military readiness (Pollock, 2008; Morshedi & Mehkri, 2022). Synthesizing these findings reveals that a multidisciplinary, well-coordinated, and strategically positioned medical team is indispensable for minimizing mortality and sustaining military operations.

### ***Theme 2: Triad of tactical nursing***

The theme *triad of tactical nursing* emerges as the second theme of the study. Under this theme three (3) subthemes were created namely; (1) performing MARCH assessment, (2)

trauma care, (3) nursing care. It highlights the significance of combining MARCH assessment principles with nursing practices to ensure exceptional trauma care. It emphasizes the need for nurses to excel in both the technical aspects of MARCH assessment and the empathetic nature of nursing, with the ultimate goal of achieving superior patient outcomes and delivering high-quality care. *Tiger* narrates the importance of MARCH assessment.

*"Basically, what has helped us is our training in Tactical Combat Casualty Care. We have a protocol for tactical combat casualty care, which includes the MARCH assessment. The first thing we look at is massive bleeding or hemorrhage. Once the bleeding is stabilized, or if there are amputated limbs, we move on to the airway, though we follow a step-by-step approach: hemorrhage, airway, respiration, circulation, and head injuries."*

*Alpha* depicts his experiences

*"We have a procedure called TC3 (Tactical Combat Casualty Care) in the field. For us nurses, alongside professional medical officers, we're stationed at TC3 stations. It's a battlefield, so it's battlefield medicine. The common cases we handle are gunshot wounds and blast injuries."*

*Sniper* followed and shared his point of view

*"As for interventions, we also receive training in Tactical Combat Casualty Care, which is designed for military settings. We assess if there's massive bleeding, an airway problem, a respiratory issue, or a circulation problem. The next thing we check is head injuries. In terms of intervention, we provide nursing care while following the MARCH protocol: massive bleeding, airway, respiration, circulation, head injury, and hypothermia."*

The key informants emphasized that medical problem cases are rarely seen in times of conflict, instead trauma care is primarily catered by the troops; *Sniper* attests to that by verbalizing,

*"You rarely see medical problems in these situations; it's mostly trauma cases."*

Followed by *Tiger*

*"At the casualty collection point, the nursing interventions are focused on trauma care and first aid."*

*Alpha* describes the treatment of trauma care

"We focus on trauma, wound packing, and chest wound injuries. Emergency management for gunshot wounds to the chest is part of our training. Chest seals are one of our special skills in the military. What we do is battlefield wound management."

Some of the key informants show that despite the chaotic environment that they are in, they do not forget to give tender loving care to injured military personnel.

*Alpha* also emphasized

*"Of course, we're nurses, so it's natural for us to take care of people. We do it the same way we would in a hospital, just in a different environment."*

*Tiger* also shares,

*"Because we're nurses, and nursing is service-oriented. When you add the military element to that, you're nursing the soldiers."*

The MARCH assessment is a cornerstone of Tactical Combat Casualty Care (TCCC), providing a structured protocol for addressing life-threatening injuries in conflict zones. It spans three phases: Care Under Fire (CUF), Tactical Field Care (TFC), and Tactical Evacuation Care (TACEVAC). CUF emphasizes firepower control to secure safe environments for casualty care, while TFC focuses on advanced medical interventions using the MARCH algorithm, including hemorrhage control, airway management, and hypothermia prevention. TACEVAC extends care during transport, involving continuous monitoring and invasive procedures (Puryear et al., 2025). Historical lessons, such as those from the Afghanistan and Iraq Wars, underscore the sequence's effectiveness in reducing preventable deaths by addressing primary mortality causes like hemorrhage, airway blockages, and hypothermia (Howard et al., 2019). Similarly, advancements in trauma care—driven by interprofessional collaboration and battlefield innovations—highlight the importance of comprehensive first-aid training and rapid evacuation for improved survival rates (Chatfield-Ball et al., 2015; James & Pennardt, 2023). Nurses play an indispensable role in both military and civilian settings during conflicts, providing critical care under extreme conditions and addressing physical and psychological challenges faced by affected individuals (Goodman et al., 2013; Sadhaan et al., 2022). Together, these strategies emphasize the importance of

continuous training, inter-professional collaboration, and robust support systems to enhance outcomes in trauma care across conflict zones.

### ***Theme 3: Overcoming the barriers***

Through the data analysis of the paper, theme 3 entitled *overcoming the barriers* emerges. In this theme three (3) sub-topics emerge namely; (1) battling logistics and external threats, (2) dealing intrapersonal challenges, and (3) lack of manpower. It depicts the portrayal focuses on the collaborative endeavors necessary to maneuver through hindrances in military endeavors. It highlights the importance of strategic preparation and flexibility in conquering logistical obstacles, handling interpersonal relationships within teams, and addressing the crucial requirement for more personnel. It accentuates the unwavering resolve and perseverance exhibited by military units as they triumph over obstacles to accomplish their goals. *Alpha* started sharing his narrative by stating,

*"The nursing procedures there were more challenging due to the limited resources and inadequate infrastructure," Tiger explained. "Maintaining clean sterile areas was often compromised because we had to prioritize saving lives over preserving limbs or preventing infections, especially during the war."*

*Tiger* added:

*"Externally, our main issue was setting up a proper emergency aid station. The casualty collection points were in houses that had been destroyed—there were no bathrooms, no food, and no other basic necessities. So under those circumstances, I'd say the external threats, along with the challenge of setting up emergency aid stations, were significant problems."*

*Ace* followed up:

*"Externally, the challenges we faced were primarily logistical. But I do believe those issues were addressed during the course of the siege. What do we mean by logistics? That includes medical supplies and other necessities. During the siege, our main supply lines were cut off, making it incredibly difficult to bring supplies in and out of the area. Sometimes the supplies came by air, other times by land—our methods were unconventional."*

Some participants reflected on the intrapersonal challenges they faced. *Alpha* shared his thoughts,

*"My personal fear at that time was our safety. I kept thinking, 'What if we aren't safe here?'"*

*Sniper* shared his narrative,

*"Mentally, it was tough because, you know, it was a war zone. There were no guarantees. When you deployed, there was a chance your helicopter might get shot down or there could be an explosion. That constant fear of not making it back alive was always there."*

*Ace* added,

*"It wasn't just me; almost everyone who was there experienced emotional and psychological stress. Being inside the main battle area, you didn't know how long it would last or if you'd make it home safely. The uncertainty was overwhelming."*

Other key informants mentioned difficulties with manpower during the conflict. *Alpha* shared his experience

*"My challenge was the ratio of our numbers to the rising number of casualties. That was my main concern as a nurse."*

*Ace* narrated,

*"The main battle area was vast, and our team of eight couldn't cover everything. We had one doctor, one nurse, and six technicians. We had to divide ourselves—the doctor's team went to one sector, while my team handled another sector. That's how we managed to cater to the needs of the fighting troops."*

*Tiger* added,

*"Our team was composed of one military doctor, myself as the military nurse, and around four Marine Corps corpsmen. The corpsmen were trained in Basic Life Support (BLS) and first aid. Altogether, our team usually consisted of five to six members."*

Military logistics involves the efficient coordination of resources and personnel, which is crucial for a nation's strategic and tactical success in warfare (van Fenema & van Kampen, 2021). However, logistical challenges such as demand, distance, and infrastructure limitations are significant obstacles, requiring adaptable leadership and skilled teams (Major &

Strickmant, 2011; Pawelczyk, 2018). Simultaneously, military nurses face challenges in infrastructure, food, and sanitation during conflict, exacerbated by attacks on healthcare facilities and interruptions in medical supply chains, which hinder infection prevention and care delivery (Haar et al., 2018; Wong & Chen, 2018; Lowe et al., 2021). Psychological and interpersonal stressors, along with chronic staff shortages, further strain their ability to provide care, often forcing moral dilemmas and increasing mental distress (Goodman et al., 2020; Rubenstein et al., 2022; Kenny & Kelley, 2019; Porr et al., 2023). These interlinked logistical and healthcare challenges highlight the need for integrated support systems and improved resource allocation.

#### ***Theme 4: Echoes of Valor***

The theme *echoes of valor* emerges as the fourth theme of the study. Under this theme, four (4) subthemes were created namely; (1) aiding the heroes (2) soldiers creed, (3) fallen rangers, and (4) oath of service. The enduring resonance of courage and sacrifice in military contexts is evoked by this theme. It encompasses the stories of unity, assistance, and companionship during times of conflict, emphasizing the bravery of those who offer aid amid warfare. Furthermore, it pays tribute to the memory and lasting influence of fallen soldiers, whose legacy serves as an inspiration for generations to come and reverberates throughout history. *Alpha* described his experience,

*“They would say, ‘Thank you, Sir! It’s a good thing you’re here.’ Many of the soldiers deployed there were people I also knew from Cotabato. They felt confident knowing the medical team was there to support them during the operation. They understood that having us around increased their chances of survival. We were able to fulfill our purpose there.”*

*Tiger* shared his experience,

*“Soldiers always wanted to return to the fight. I remember one saying, ‘Sir, I’m okay now. I’ll go back to the front lines. There’s still work to be done, and I want to help.’ Even those with minor wounds—like gunshot grazes that weren’t critical—after being patched up, dressed, and given a tetanus shot, they’d say, ‘Sir, I’m ready to go back and help.’ That’s what stuck with me. It wasn’t just one or two of them; there were so many who had that same determination. They’d say, ‘This is good enough, Sir. I’m heading back.’ That’s their mindset.”*

*Sniper* added,

*“There were times when soldiers, after being shot, would say something like, ‘I just want to get back at them. Even if I get hurt again, I’ll return after treatment to avenge my fallen comrade.’ They felt compelled because they had lost a fellow soldier.”*

*Ace* shared his sentiments,

*“They were thankful to us. They’d say things like, ‘Thank you, Sir, for being here.’ That was a common expression from our comrades in the field. In return, I was also grateful for them because we were all in it together. It felt like one big family, fulfilling the mission assigned to us.”*

The key informants conveyed their national pride, sharing their moral values of duty, honor, and commitment to their profession. *Alpha* reflected

*“It’s ingrained in us in the military. When given a mission or task, you can’t lose morale or show cowardice. That’s not allowed. We have to carry out our mission and complete the task entrusted to us.”*

*Tiger* added,

*“In the military, there’s no room for fear or hesitation. When you’re assigned a mission, you prepare. You ensure you have everything you need, study the area’s situation, and assess what the troops require.”*

*Sniper* followed up,

*“You realize that you still want to help. After everything, I still wanted to return the following month. It’s that warrior mentality they talk about.”*

However, not all rangers survived. Some key informants shared their firsthand experiences of losing comrades during the siege.

*Ace* recounted his unforgettable moment,

*“One of my teammates, who was also part of the medic team, died. We had spoken the day before, and his group was tasked with clearing out an area. Unfortunately, he was fatally hit during the enemy’s retaliation. That was the last time I saw him. After the incident, I was the one who prepared his body and sent him out of the main battle area.”*



*Sniper* shared his experience,

*“When dealing with casualties, sometimes they die right in your hands. There were instances where soldiers had massive bleeding or airway problems, and despite administering first aid, you could see them deteriorating right there in front of you.”*

Despite the tragedies they witnessed, the key informants remained steadfast in their commitment to protect the country. *Alpha* expressed his resolve,

*“If I were given the chance again to be part of a large operation like Marawi, to support and do my job, I would still do it. It’s not just a promise I made—it’s now my advocacy.”*

*Sniper* followed,

*“It’s our mandated duty. If another conflict like that arises, we are ready to go back. There were times when the casualties were overwhelming, and you’d feel like you wanted to go home because of the danger. But when you see how vital your presence is—when you’re the one treating and saving lives—you find meaning in what you do, and you want to stay.”*

*Ace* concluded,

*“If I were asked to participate again, I would gladly volunteer. It’s better when we are united. If there’s another conflict and I’m tasked or asked to volunteer, I will step forward without hesitation.”*

Military nurses are vital in preserving lives during conflict, providing immediate medical care, stabilizing critical injuries, and ensuring the wounded receive advanced treatment (Kenny, 2019). In modern warfare, such as the conflicts in Iraq and Afghanistan, advances in medical practices and skilled combat medics have improved survival rates for injuries once considered fatal (Kenny, 2019). These nurses embody the Soldier’s Creed, upholding values such as mission focus, resilience, and loyalty to comrades. While military nurses face unique challenges balancing their dual roles as officers and caregivers, their training emphasizes prioritizing the mission while maintaining compassion for the injured (Kenny, 2019). The psychological and ethical demands of military nursing are evident in cases

like the Battle of Mogadishu, which underscored the difficulties of providing care in high-risk environments (Agazio & Padden, 2024). Guided by their commitment to service and ethos of selflessness, military nurses navigate the complexities of war to ensure soldiers receive the best care possible (Conley, 2018).

## 5. Conclusion

Military nurses in the AFP are essential in providing critical medical support to injured personnel. Their roles demand effective communication, shared understanding, and coordinated actions to manage and treat injuries properly. By following the MARCH assessment principles, they ensure the delivery of timely and high-quality trauma care. Despite their crucial role, these nurses face significant challenges. Logistical issues such as limited resources and facilities can hinder their ability to offer optimal care, while inadequate food and sanitation complicate efforts to maintain the health and well-being of both nurses and injured personnel. Furthermore, the need to cover vast areas and prepare for mass casualty events adds physical and emotional strain, increasing the complexity of their responsibilities. Nevertheless, AFP military nurses remain unwavering in their commitment to duty. Their dedication to providing medical support to frontline soldiers reflects their deep pride and honor in serving their country. Their steadfast commitment is commendable, as they play an indispensable role in safeguarding the health and well-being of soldiers during times of conflict.

The study recommends creating a thorough doctrine that unifies all medical support branches within the AFP. This doctrine will act as an official guide for medical and nursing corps during conflicts, promoting standardized procedures and consistent strategies. Introduce a coordinated Medical Simulation Training Exercise for all AFP medical units to improve readiness and teamwork among medical staff, ensuring effective responses in conflict scenarios. Additionally, arrange and encourage ongoing training and seminars on tactical combat casualty care, both domestically and internationally, to keep AFP medical personnel informed about the latest advancements and best practices in combat healthcare.

The researcher faced several challenges and limitations during the study. The researcher's location in Quezon Province posed a logistical challenge, as most participants were based in a military hospital in Quezon City. Financial constraints also hindered the execution of the study. Finding potential key informants was another challenge, as the researcher was initially unsure of where to locate them. The data collection process, conducted

online via platforms like Google Meet, was further complicated by connectivity and internet strength issues. Moreover, the recency of the participants' memories posed a challenge, as some details of the war might not have been clear, potentially affecting the accuracy of the data. The participants' experiences also varied, as the military follows strict protocols, which could lead to differences in how actions and procedures were carried out. These challenges highlighted the complexities of researching military nursing in conflict situations.

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No potential conflict of interest was reported by the author(s).

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### **Institutional Review Board Statement**

This study was conducted in accordance with the ethical guidelines of Calayan Educational Foundation Inc. Research Ethics Committee. The conduct of this study has been approved and given relative clearance(s) by the Dean of the College of Health Sciences, Calayan Educational Foundation Inc. Research Ethics Committee and Chief Nurse of the Armed Forces of the Philippines.

### **Declaration**

The author declares the use of Artificial Intelligence (AI) in writing this paper. In particular, the author used ChatGPT in searching appropriate literature, summarizing key points and paraphrasing ideas. The author takes full responsibility in ensuring proper review and editing of contents generated using AI.

## References

- Agazio, J. & Padden, D.L. (2024). Doing the right thing: Moral conflicts and ethical issues experienced by military nurses during wartime. *J Nurs Scholarsh*, 56(6), 854-866. <https://doi.org/10.1111/jnu.13011> .
- Armed Forces of the Philippines (2022). *Nurse Corps, AFP and Military Nurse Association of the Philippines joint anniversary celebrations*. <https://www.afp.mil.ph>
- Army Nurse Corps Association. (n.d.). *Highlights in the history of the Army Nurse Corps: 1940–1950*. <https://e-anca.org>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology*, Vol. 2. Research designs: Quantitative, qualitative, neuropsychological, and biological (pp. 57–71). American Psychological Association. <https://doi.org/10.1037/13620-004>
- Brooks, J. (2018). *Military nurse job description: Salary, skills, & more*. <https://www.thebalancecareers.com>
- Chatfield-Ball, C., Boyle, P., Autier, P., van Wees, S.H. & Sullivan, R. (2015). Lessons learned from the casualties of war: battlefield medicine and its implication for global trauma care. *J R Soc Med*, 108(3), 93-100. <https://doi.org/10.1177/0141076815570923>
- Conley, B.W. (2018). What the warrior ethos means to me. *NCO Journal*, 1-3.
- Fee, E. & Garofalo, M.E. (2010). Florence Nightingale and the Crimean War. *Am J Public Health*, 100(9), 1591. <https://doi.org/10.2105/AJPH.2009.188607>
- Goodman, P., Edge, B., Agazio, J. & Prue-Owens, K. (2013). Military nursing care of Iraqi patients. *Mil Med*. 178(9), 1010-5. <https://doi.org/10.7205/MILMED-D-13-00055>
- Grant, C. & Osanloo, A. (2015). Understanding, selecting, and integrating a theoretical framework in dissertation research: Developing a 'blueprint' for your "house". *Administrative Issues Journal Education Practice and Research*, 4(2). <https://doi.org/10.5929/2014.4.2.9>
- Haar, R.J., Read, R., & Fast, L. (2021). Violence against healthcare in conflict: a systematic review of the literature and agenda for future research. *Confl Health*, 15, 37. <https://doi.org/10.1186/s13031-021-00372-7>

- Howard, J.T., Kotwal, R.S., Stern, C.A., Janak, J.C., Mazuchowski, E.L., Butler, F.K., Stockinger, Z.T., Holcomb, B.R., Bono, R.C., & Smith, D.J. (2019). Use of combat casualty care data to assess the US Military trauma system during the Afghanistan and Iraq conflicts, 2001-2017. *JAMA Surg*, 154(7), 676. <https://doi.org/10.1001/jamasurg.2019.1256>
- Huijuan, M., Chichava, T., Fu, J., Zhang, S., Lei, L., Tan, J., Lin, L., & Yu, L. (2022). Competencies of military nurse managers: A scoping review and unifying framework. *J Nurs Manag*, 28(6), 1166-1176. <https://doi.org/10.1111/jonm.13068>
- James, D. & Pennardt, A.M. (2023). Trauma care principles. In: *StatPearls* [Internet]. Treasure Island (FL): StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK547757/>
- Karimi, H., Masoudi, A.N. (2015). Florence Nightingale: The mother of nursing. *Nurs Midwifery Stud*, 4(2). e29475. <https://doi.org/10.17795/nmsjournal29475>
- Kautz, B. (2023). *The Army Nurse Corps during World War II*. Encyclopedia.com. <https://www.encyclopedia.com>
- Kenny, D.J., & Kelley, P.W. (2019). Heavy burdens: ethical issues faced by military nurses during a war. *OJIN: The Online Journal of Issues in Nursing*, 24(3), 1. <https://doi.org/10.3912/OJIN.Vol24No03Man01>
- Khorram-Manesh, A., Mortelmans, L.J., Robinson, Y., Burkle, F.M. & Goniewicz, K. (2022). Civilian-military collaboration before and during COVID-19 pandemic—A systematic review and a pilot survey among practitioners. *Sustainability*, 14, 624. <https://doi.org/10.3390/su14020624>
- Lowe, H., Woodd, S., Lange, I.L., Janjanin, S., Barnet, J., & Graham, W. (2021). Challenges and opportunities for infection prevention and control in hospitals in conflict-affected settings: a qualitative study. *Confl Health*, 15(1), 94. <https://doi.org/10.1186/s13031-022-00433-5>
- Maddry, J.K., Araña, A.A., Mora, A.G., Schauer, S.G., Reeves, L.K., Cutright, J.E., Paciocco, J.A., Perez, C.A., Davis, W.T. & Ng, P.C. (2024). Management of combat casualties during aeromedical evacuation from a role 2 to a role 3 medical facility. *Military Medicine*, 189 (5-6), e1003–e1008. <https://doi.org/10.1093/milmed/usad404>
- Major, E., & Strickmant, L. (2011). *You can't always get what you want – Logistical challenges in EU military operations*. German Institute for International and Security Affairs.

- McDwyer, J. P. (2021, April 9). *First Army nurses played a key role in World War II*. United States Army. <https://www.army.mil>
- Military Nurse Association of the Philippines (n.d.). *Historical milestones of the Nurse Corps*. <https://mnaphistory.ph>
- Morshedi, B. & Mehkri, F. (2022). Should a physician ever violate SWAT or TEMS protocol in a mass casualty incident? *AMA Journal of Ethics*, 24(2), E120-125. <https://doi.org/10.1001/amajethics.2022.120>
- Pawelczyk, M. (2018). Contemporary challenges in military logistics support. *Security and Defence Quarterly*, 20(3), 85-98.
- Pollock, R.A. (2008). Triage and management of the injured in world war I: the diuturnity of antoine de page and a belgian colleague. *Craniomaxillofac Trauma Reconstr*, 1(1), 63-70. <https://doi.org/10.1055/s-0028-1098965>
- Porr, C., Gaudine, A., & Smith-Young, J. (2023). Ethical conflicts experienced by community nurses: A qualitative study. *Nursing Ethics*, 31(4), 541-552. <https://doi.org/10.1177/09697330231200563>
- Puryear, B., Roarty, J., & Knight, C. (2022). EMS tactical combat casualty care. In: *StatPearls* [Internet]. Treasure Island (FL): StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK532260/>
- Rubenstein, L. & Haar, R. (2022). What does ethics demand of health care practice in conflict zones? *AMA J Ethics*, 24(6), E535-541. <https://doi.org/10.1001/amajethics.2022.535>
- Sadhaan, A., Brown, M., & McLaughlin, D. (2022). Registered nurses' views and experiences of delivering care in war and conflict areas: A systematic review. *Healthcare*, 10(11), 2168. <https://doi.org/10.3390/healthcare10112168>
- van Fenema, P.C. & van Kampen, T. (2021). Foundational concepts of military logistics. In: Sookermany, A.M. (eds) *Handbook of Military Sciences*. Springer, Cham. [https://doi.org/10.1007/978-3-030-02866-4\\_71-1](https://doi.org/10.1007/978-3-030-02866-4_71-1)
- Wong, C.H., & Chen, C.Y. (2018). Ambulances under siege in Syria. *BMJ Glob Health*, 3(6), e001003. <https://doi.org/10.1136/bmjgh-2018-001003>