

**WHEN CARING HURTS: EXPLORING COMPASSION FATIGUE AMONG
NEONATAL INTENSIVE CARE UNIT NURSES**

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APPROVAL SHEET

This thesis entitled, **“WHEN CARING HURTS: EXPLORING COMPASSION FATIGUE AMONG NEONATAL INTENSIVE CARE UNIT NURSES,”** prepared and submitted by **Gennen C. Alviar** in partial fulfillment of the requirements for the degree of **Master of Arts in Nursing major in Maternal and Child Nursing**, has been examined and is recommended for acceptance and approval for Oral Examination.

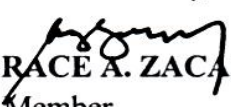

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DEDICATION

This work is dedicated to my family, whose love and support
have been my greatest source of strength;
My husband, thank you for your unwavering encouragement, patience
and belief in me even in moments when I doubted myself; and
My daughters, Sofia and Chandria, you are my inspiration and the reason I
strive to become better every day. Your smiles, laughter, and love
give meaning to all my efforts.

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ABSTRACT

Neonatal Intensive Care Unit (NICU) nurses face intense physical, emotional, and cognitive demands that influence their experiences of compassion fatigue. This study explored how NICU nurses in government hospitals in Zamboanga del Norte experienced compassion fatigue within the NICU environment. Using a transcendental phenomenological design guided by Moustakas' existential dimensions, seven NICU nurses meeting the inclusion criteria were purposively selected. Data were collected through in-depth interviews and analyzed using Moustakas' approach for qualitative analysis. Findings revealed six major themes: navigating emotional and physical demands while sustaining resilience and compassion; navigating the pressured space of the NICU environment; temporal development of resilience and compassion; relational anchors in sustaining resilience and managing compassion fatigue; material and technological aspects in NICU: balancing stress and resilience, and resilience and sense of self development through experience. Nurses reported that repeated exposure to high-stress situations, reflective practice and intentional self-care fostered resilience, professional identity and emotional well-being, while supportive relationships and effective use of medical technology mitigated compassion fatigue. The study concludes that resilience, self-awareness and professional identity develop over time through experiential learning and coping strategies. It is recommended that hospital administrators and educators implement structured self-care programs and mentorship to support nurses' well-being and professional growth.

Keywords: *compassion fatigue, NICU nurses, professional identity, resilience, self-care*

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Chapter 1

INTRODUCTION

Rationale of the Study

Nursing as a profession has undergone considerable transformation in recent years, shaped by evolving health care needs, technological advancements, and shifting societal expectations. In the Philippines, for instance, there is growing recognition of the critical role that nurses play in achieving Universal Health Care, as legislation and health workforce policy increasingly emphasized people-centered, equitable, and quality service delivery. Locsin Parial (2024) asserted that nurses must not only maintain technical competence but also respond to the complex sociocultural needs of patients, the demands of interprofessional collaboration, and emerging public health challenges.

In health care delivery, nurses play a central role in patient care, combining direct clinical interventions, supportive and educational functions, communication, and advocacy. They assess and monitor patient status, administer treatments, manage complex equipment, educate patients and families, coordinate with multidisciplinary teams, and ensure safety and hygiene, all while navigating constraints such as staffing, workload, and resource availability (Kang et al., 2024). These functions are particularly demanding in high acuity environments, where the stakes for patient outcomes are high, and the margin for error is small. The Neonatal Intensive Care Unit (NICU) is one such setting, where nurses care for critically ill or premature newborns, monitor life-support systems, support families during intense stress, and integrate complex technical and relational skills in every shift.

Neonatal Intensive Care Units (NICUs) are essential to the well-being of premature infants and critically ill neonates. NICU nurses often face a unique set of challenges due to the emotionally taxing nature of their work and the complex, high-stress environment in which they operate. NICU nurses are tasked with providing direct care to vulnerable patients while simultaneously managing the emotional and psychological demands of parents and families (Konukbay et al., 2024; Elsharkawy et al., 2025). This dual responsibility can lead to emotional exhaustion, compassion fatigue, and burnout, which, in turn, can negatively affect nurses' overall well-being (Hagen et al., 2025; Al-Harrasi et al., 2024).

Compassion fatigue, a term commonly used to describe the emotional and physical toll on healthcare professionals, has been widely studied across various clinical settings. Research has shown that NICU nurses are particularly vulnerable to this phenomenon due to the intensity of their work with critically ill and dying infants (Hagen et al., 2025). Compassion fatigue not only affects nurses' emotional well-being but can also reduce their ability to provide optimal care, thereby impacting both nurse retention and patient outcomes (Yi et al., 2024).

Compassion fatigue among nurses is often linked with work environment factors and demographic variables. An integrative review of critical care settings found that predictors such as nurse age, years of experience, workload, and unit acuity were significantly associated with higher levels of compassion fatigue. For example, nurses in high-stress, high-intensity units reported greater exposure to patient suffering, which correlates with emotional exhaustion and compassion fatigue (Alharbi et al., 2021). In neonatal intensive care units (NICUs) in Şanlıurfa, Turkey, nurses' attitudes toward

palliative care and compassion fatigue were examined: the study showed relatively high mean compassion fatigue scores, which were associated with organizational and resource subdimensions of palliative care (Bozdag et al., 2024).

Recent studies have increasingly focused on the emotional toll of caregiving in neonatal intensive care settings, highlighting compassion fatigue as a significant issue among NICU and perinatal nurses. Bozdağ et al. (2024) conducted a descriptive study involving 204 NICU nurses in Turkey. They found that compassion fatigue levels were slightly below moderate, with major contributing factors including limited palliative care training, institutional constraints, and resource shortages. Addressing interventions, Asadollah et al. (2024) conducted a randomized clinical trial in Iran. They demonstrated that a one-month loving-kindness meditation program significantly reduced compassion fatigue among NICU nurses, suggesting that targeted, low-cost interventions may enhance emotional resilience in these high-stress environments.

A study explored the relationship between moral distress and compassion fatigue was found a significant positive correlation among NICU nurses, reinforcing the link between ethically challenging care and emotional depletion (Borhani et al., 2019). A phenomenological study explored the experiences of perinatal nurses and it revealed that frequent exposure to perinatal loss, high workloads, and emotional engagement with families contributed to both compassion fatigue and compassion satisfaction (Kesbiç & Bozb, 2021). A study of pediatric and neonatal ICU nurses in Lebanon, found that coping strategies, such as seeking social support, and years of experience were associated with lower compassion fatigue, especially among those regularly exposed to patient death (Cattan, 2021). Collectively, these studies reveal that compassion fatigue among NICU and

perinatal nurses is not only prevalent but also shaped by complex interactions between personal coping mechanisms, ethical distress, and institutional support systems.

The consequences of compassion fatigue are seen both professionally and personally. In qualitative work among NICU nurses in Norway, the "Perceived Consequences of Compassion Fatigue" theme included physical and mental symptoms, as well as damage to relationships both at work and at home (Hagen et al, 2025). A qualitative study of general nursing professionals found that compassion fatigue leads to difficulties in executing work duties, emotional distress (anxiety, stress), and, in some cases, the intention to leave the profession (Perez–Garcia et al., 2021). Other downstream effects include reduced work engagement and a lower perception of "decent work" conditions among nurses; when compassion fatigue increases, nurses report less dignity and satisfaction in their roles (Feng et al., 2025).

Several studies have identified key contributing factors that make NICU nurses particularly vulnerable to compassion fatigue. These include poor staffing ratios, insufficient emotional support, and inadequate institutional resources, all of which place greater physical and emotional strain on nurses (De los Santos et al., 2023). Bozdağ et al. (2024) found that nurses working in under-resourced NICU settings with insufficient palliative care training were more likely to experience compassion fatigue. Similarly, frequent exposure to infant loss, emotionally intense family interactions, and the high-pressure nature of perinatal care further compound the emotional burden (Kesbiç & Bozb, 2021). The cumulative stress of what nurses described as a "double burden of care" has also been emphasized, highlighting how moral responsibility, continuous vigilance, and limited opportunities for recovery contribute to ongoing emotional depletion (Hagen et al.,

2025). These studies collectively indicate that compassion fatigue is deeply rooted not only in the emotional labor of caregiving but also in the systemic and structural conditions under which NICU nurses operate.

When left unaddressed, compassion fatigue can lead to serious consequences for nurses and the quality of care they provide. Research shows that compassion fatigue is associated with emotional exhaustion, depersonalization, and a marked decline in empathy and job satisfaction. This, in turn, can lead to increased absenteeism, higher turnover intentions, and disengagement among both patients and colleagues (Borhani et al., 2019). Nurses may also experience a deterioration in mental health, including symptoms of anxiety, depression, and sleep disturbances (Asadollah et al., 2024). Furthermore, Cattan (2021) noted that prolonged compassion fatigue among pediatric and neonatal ICU nurses was associated with clinical errors, decreased morale, and diminished capacity to form therapeutic relationships with families. These consequences not only compromise nurses' well-being but also pose risks to patient safety and the continuity of care, underscoring the urgent need for effective, setting-specific interventions.

A growing body of research has identified several protective factors that can help mitigate compassion fatigue among nurses, a profession particularly vulnerable due to its emotionally demanding nature. One of the most consistently reported buffers is resilience, which is the ability to adapt positively in the face of stress and adversity. For instance, a recent study among Saudi nurses found that higher levels of resilience were associated with lower levels of compassion fatigue, as well as reduced experiences of moral distress and moral injury, suggesting that resilience not only directly reduces emotional strain but may also mediate the effects of ethically challenging situations (Alharbi et al., 2020). Similarly,

a cross-sectional study involving nearly 1,000 clinical nurses in China found that both resilience and self-efficacy were significantly and negatively associated with the burnout component of compassion fatigue. Notably, nurses who maintained better physical health and engaged in regular exercise also reported less emotional exhaustion, suggesting the interconnectedness of psychological and physical resilience (Zhang et al., 2022).

A study of frontline nurses in the Philippines during the COVID-19 pandemic found that resilience acted as a mediating factor between compassion fatigue and negative work outcomes, including job dissatisfaction, turnover intention, and diminished quality of care. Nurses with stronger resilience reported better outcomes, even when compassion fatigue was present (Labrague & de los Santos, 2021). These studies collectively highlight resilience as a core internal resource that can protect nurses from the emotional toll of caregiving, especially in high-pressure or morally complex environments.

In addition to individual traits, behavioral and psychological interventions have shown considerable promise in reducing compassion fatigue and enhancing emotional well-being among nurses. One randomized controlled trial involving hospital nurses demonstrated that a structured mindfulness-based intervention significantly reduced burnout and secondary traumatic stress, two key components of compassion fatigue, compared to a control group (Hayajneh et al., 2024). A similar study involving pediatric oncology-hematology nurses examined the effects of an eight-week mindfulness-based stress reduction program. Following the intervention, nurses experienced significant reductions in compassion fatigue and burnout, alongside improvements in psychological well-being and self-compassion, showing the potential of structured mindfulness training to enhance nurses' resilience and overall quality of professional life (Saribudak et al.,

2025). Likewise, pediatric intensive care nurses who engaged in a six-week brief mindfulness-based intervention showed meaningful reductions in both burnout and secondary traumatic stress, while also experiencing increased compassion satisfaction, the emotional reward derived from caring for others (Al-Jdeetawey et al., 2025). These findings are echoed in studies of self-compassion training, in which nurses reported reduced emotional exhaustion and improved stress-coping. While the strength and sustainability of effects may vary depending on the intervention type and duration, such programs consistently offer psychological tools to better process emotional labor and reduce the risk of compassion fatigue.

Beyond individual and psychological interventions, the work environment itself plays a crucial role in protecting nurses from compassion fatigue. In a large Canadian cross-sectional study, nurses who perceived their work environments as supportive, characterized by manageable psychological demands, high decision-making autonomy, and strong supervisor and coworker support, were significantly more likely to report higher compassion satisfaction and lower compassion fatigue, highlighting the importance of positive organizational conditions (Maillet et al., 2021). Similar patterns have been identified in other contexts, including improved compassion satisfaction among nurses with better nurse–physician collaboration and adequate staffing and resources (Baek et al., 2020). Additionally, recent research indicates that nurses' general self-efficacy may partly mediate the influence of the work environment on compassion fatigue; supportive environments enhance self-efficacy, which, in turn, is associated with lower burnout and secondary traumatic stress (Chen et al., 2025). These environmental and organizational factors underscore that compassion fatigue is not only a personal challenge but also a

systemic one, and that supportive workplace cultures can significantly bolster nurses' emotional resilience. Finally, Tuna et al. (2025) found that a positive perception of the work environment (good staffing, supportive leadership, adequate resources) and compassion satisfaction protect nurses against compassion fatigue and burnout.

Studies indicate that compassion fatigue remains a significant issue among nurses, particularly those working in high-stress environments such as NICUs, where emotional demands are intensified by patients' vulnerability and families' distress (Hagen et al., 2025; Yi et al., 2024). Studies from various international contexts reveal that compassion fatigue is influenced by factors such as poor staffing, lack of emotional support, and inadequate resources, and that resilience plays a protective role against emotional exhaustion (De los Santos et al., 2023).

Despite persistent challenges, many NICU nurses continue to provide exceptional care, displaying a steadfast sense of purpose. Understanding how these nurses manage to cope and even thrive under such emotional strain is essential not only for preserving their own well-being but also for maintaining high standards of neonatal care. Hagen et al. (2025) investigated how NICU nurses experience compassion fatigue, including emotional strain, the hidden burden of responsibility, and the impact on private life and patient relationships. These findings underscore both the depth of the emotional impacts and the insufficiency of current support. However, much remains unknown about how compassion fatigue is addressed, especially in relation to institutional culture, peer and family support, and professional identity.

The knowledge gap exists in several dimensions. First, although the recent qualitative study by Hagen et al. (2025) offered insights into NICU nurses' experiences of

compassion fatigue, it only lightly touches on the deeper factors that enable or hinder adaptive mechanisms stemming from institutional culture, social and peer support, personal coping strategies, or a nurse's evolving professional identity. Only a few adopt a phenomenological lens focused on how compassion fatigue is subjectively experienced and interpreted by nurses over time. A deeper phenomenological approach could uncover nuances in emotional labor, moral suffering, relational exhaustion, and personal meaning-making that are not visible in quantitative or descriptive studies.

Second, much of the literature focuses on prevalence, predictors, and consequences of compassion fatigue. However, there is limited research exploring how NICU nurses sustain their emotional resilience and continue to deliver high-quality care despite chronic exposure to emotionally distressing conditions. While some studies have explored individual traits like resilience or interventions like mindfulness, there is a lack of qualitative insight into the lived experiences of coping, especially how professional identity, moral purpose, team culture, and personal meaning-making factor into adaptive responses. Addressing these gaps, the present study aimed to move beyond surface-level correlations and delve into the emotional and experiential realities of nurses in the NICU.

The rationale for this study stemmed from the pressing need to address the growing emotional and psychological burden experienced by nurses in high-acuity environments such as the Neonatal Intensive Care Unit (NICU). Compassion fatigue among NICU nurses was often fueled by prolonged exposure to infant suffering, frequent end-of-life scenarios, emotional engagement with distressed families, high patient acuity, and the relentless demands of round-the-clock care. However, existing strategies for mitigating compassion fatigue often adopted generic stress-reduction models that failed to account for the unique

relational, spatial, and temporal dynamics of NICU settings. This study sought to offer context-specific, phenomenological insights into how NICU nurses experienced compassion fatigue and developed adaptive mechanisms, thereby informing more tailored and sustainable support interventions.

By centering the voices of NICU nurses, the study aimed to inform the development of targeted, evidence-based interventions to strengthen mental health support within neonatal units. The findings would be valuable for healthcare administrators and policymakers, as well as educators and clinical leaders striving to create resilient, sustainable, and supportive work environments in NICUs. Ultimately, the goal was to safeguard the emotional well-being of NICU nurses, ensuring they remained both capable and compassionate in the face of ongoing professional adversity and equipped to provide the highest standard of care for the fragile lives entrusted to them.

Thus, this study sought to explore compassion fatigue among nurses assigned to Neonatal Intensive Care Units (NICUs). In this highly specialized environment, professionals are regularly exposed to emotionally intense, high-stakes situations involving fragile newborns and their families. The nature of neonatal care demands sustained emotional engagement, prolonged vigilance, and compassionate presence often under immense time pressure and emotional duress. Over time, this continuous exposure to suffering, ethical dilemmas, and infant mortality could lead to compassion fatigue, characterized by emotional exhaustion, detachment, and a diminished capacity for empathy. Such experiences have been documented in qualitative explorations of NICU nurses, where participants described caring burdens so heavy that emotional and psychological exhaustion became normalized part of their work (Hagen et al., 2025).

Theoretical Framework

This study was anchored on three complementary theories in exploring the phenomenon of compassion fatigue among Neonatal Intensive Care Unit (NICU) nurses: Sister Callista Roy's Adaptation Model (1976), Jean Watson's Theory of Human Caring (1985), and Margaret Newman's Theory of Health as Expanding Consciousness (1986). These theories collectively offered a comprehensive framework for understanding how NICU nurses experienced the emotional and physical toll of compassion fatigue, the ways they adapted and coped with these challenges, and how they found meaning and transformation through their caregiving roles in emotionally intense environments.

Roy's Adaptation Model (RAM), developed by Sister Callista Roy in 1976, conceptualizes individuals as holistic adaptive systems who interact dynamically with their internal and external environments. According to Roy, human beings respond to various stimuli, classified as focal, contextual, and residual, through coping mechanisms that manifest across four adaptive modes: physiological-physical, self-concept-group identity, role function, and interdependence. The goal of these adaptive responses is to achieve a state of integrity, which Roy defines as the process of being whole or complete in one's functioning. The model emphasizes the individual's capacity for adaptation, particularly under conditions of stress or environmental change, making it highly applicable in fields where individuals face continuous and complex demands, such as healthcare and nursing.

In the context of this study, Roy's Adaptation Model provides a comprehensive lens for understanding **compassion fatigue** among NICU nurses, who are continually exposed to emotionally charged, ethically demanding situations. These include the care of critically ill or dying infants, interactions with grieving families, and the management of high-acuity

medical interventions. These events serve as constant stressors or stimuli that test the nurses' adaptive mechanisms across all four modes. For instance, compassion fatigue may be experienced physiologically as chronic exhaustion or sleep disturbances; it may affect self-concept through feelings of helplessness, guilt, or professional inadequacy; it can disrupt role function by impairing task performance and decision-making; and it may compromise interdependence by straining collegial relationships and diminishing perceived social support. In turn, how nurses adapt to these stressors determines whether they experience burnout or maintain emotional and professional integrity.

Several empirical studies have anchored their research in Roy's Adaptation Model to better understand compassion fatigue and related phenomena in nursing. Cañon-Montañez et al. (2021) used RAM to explore the coping strategies of critical care nurses experiencing compassion fatigue, highlighting how adaptive responses in the interdependence and role function modes influenced resilience and job satisfaction. Kim and Chang (2019) applied RAM in a study of pediatric nurses, showing that nurses with better adaptation across self-concept and physiological modes reported lower levels of compassion fatigue and higher compassion satisfaction. Meanwhile, Gómez-Urquiza et al. (2017) conducted a systematic review on compassion fatigue in ICU settings. They cited RAM as a useful theoretical lens for understanding how external stressors and internal responses interact to affect nurses' well-being. These studies reinforce RAM's utility in framing the complex, multi-dimensional responses of nurses working in emotionally demanding environments, thereby supporting its use as a theoretical foundation for the current investigation into compassion fatigue among NICU nurses.

On the other hand, Jean Watson's *Theory of Human Caring*, first introduced in 1985, presents a holistic and relational approach to nursing that emphasizes the moral, emotional, and spiritual dimensions of care. At its core, Watson's theory asserts that caring is the ethical foundation of nursing and should be central to both practice and education. The theory introduces key concepts such as transpersonal caring relationships, carative factors (later evolved into *caritas* processes), and caring moments, all of which underscore the significance of authentic, empathetic connections between nurse and patient. According to Watson, such relationships not only promote healing for the patient but also have a transformative impact on the caregiver, enhancing the nurse's own humanity, empathy, and professional fulfillment (Watson, 2008).

This theory is particularly applicable to the phenomenon of **compassion fatigue** in NICU nurses, who often form profound emotional bonds with critically ill or premature infants and their families. While this deep connection enables nurses to provide highly empathetic and compassionate care, it also makes them more susceptible to emotional depletion. Watson's theory offers a framework for understanding how sustained exposure to patient suffering, family grief, and ethical challenges in the NICU, although meaningful, can drain nurses emotionally over time. At the same time, it affirms that caring can be restorative when nurses are supported in maintaining emotional balance, engaging in reflective practice, and receiving institutional reinforcement for compassionate work. Thus, the theory captures the duality of emotional labor in nursing: both its power to heal and its risk to harm when left unsupported.

Several researchers have applied Watson's Theory of Human Caring to examine the emotional consequences of caring and the risk of compassion fatigue in clinical practice.

For example, Matthews et al. (2019) used Watson's framework to explore ICU nurses' experiences of burnout and emotional disconnection, finding that when carative elements were lacking, compassion fatigue increased significantly. Molloy et al. (2021) applied the theory in a qualitative study of perinatal nurses. They found that caring interactions, though emotionally intense, became sources of meaning and professional identity when supported by reflective practice and peer connection. Similarly, Anderson and Brown (2020) used Watson's theory to investigate oncology nurses' emotional resilience, concluding that transpersonal caring relationships served both as a risk and a buffer against compassion fatigue. These studies validate Watson's assertion that caring is a complex emotional exchange, and that without institutional and interpersonal reinforcement, it can lead to significant emotional strain among nurses.

On the other hand, Margaret Newman's *Theory of Health as Expanding Consciousness* (1986) proposes that health is not simply the absence of disease, but a process of becoming more aware of oneself, others, and the environment through the patterns of life experience. Newman views every person as an evolving unitary being, constantly interacting with their environment. Central to the theory is the belief that meaning emerges from patterns of interaction, particularly through experiences of disruption, illness, or suffering, which provide opportunities for expanded consciousness and personal transformation. This model moves beyond a biomedical view to highlight human connectedness, meaning-making, and pattern recognition as key dimensions of health.

In the context of this study, Newman's theory offers a powerful lens through which to explore how NICU nurses make sense of their experiences of compassion fatigue over

time, and how they find meaning and resilience in their daily caregiving practices. The intense, emotionally saturated nature of NICU work often leads to physical and emotional exhaustion. However, according to Newman, these moments of suffering are not merely negative experiences to be avoided; instead, they can become transformational encounters through which nurses gain a deeper understanding of their role, relationships, and self-identity. The physical space of the NICU, the sensory experiences, and the emotional relationships with infants, families, and colleagues are all part of a patterned landscape that shapes the nurse's health and consciousness.

Several studies have drawn on Margaret Newman's *Health as Expanding Consciousness* Theory to understand how nurses make sense of emotionally intense clinical experiences. For example, qualitative research with pediatric nurses caring for children with chronic, complex health needs used Newman's framework to explore how pattern recognition shapes nurses' understanding of their practice, revealing that nurses integrate past and present experiences to develop deeper professional meaning and insight into their caregiving roles (Wilson Neal et al., 2024). This emphasis on pattern recognition and evolving consciousness aligns with other applications of Newman's theory in practice, where nurses describe how reflective engagement with patients and families facilitates personal growth and resilience even in the face of ongoing emotional challenges (Imaizumi et al., 2021). More recently, Chen et al. (2024) applied the theory to investigate how critical care nurses navigated stress and burnout, highlighting how pattern recognition and expanded consciousness supported their emotional adaptation and meaning-making processes. These studies demonstrate how Newman's emphasis on pattern recognition,

meaning, and relationship can illuminate the emotional complexities of compassion fatigue while offering a hopeful path toward resilience and professional renewal.

This study on compassion fatigue among NICU nurses was grounded in a complementary theoretical framework that integrates Sister Callista Roy's Adaptation Model, Jean Watson's Theory of Human Caring, and Margaret Newman's Theory of Health as Expanding Consciousness. Roy's model highlighted nurses as holistic adaptive systems navigating physiological, psychological, social, and role-related stressors, providing insight into how compassion fatigue disrupts balance and how resilience can restore equilibrium. Watson's theory emphasizes the relational and ethical dimensions of nursing, focusing on caring moments and transpersonal connections that both enrich nurses' professional meaning and pose risks for emotional overload. Meanwhile, Newman's theory offered a transformative perspective by framing compassion fatigue as part of a dynamic process of pattern recognition and expanding consciousness, suggesting that emotional challenges can lead to deeper self-awareness and professional growth. Together, these theories offered a rich, multidimensional lens to explore how NICU nurses experienced, adapted to, and found meaning in the emotional demands of their work, informing holistic strategies to support their well-being and sustain compassionate care.

Conceptual Framework

The study generated six core themes, to wit: navigating emotional and physical demands while sustaining resilience and compassion, navigating the emotional and physical demands, temporal development of resilience and compassion, relational anchors in sustaining resilience and managing compassion fatigue, material and technological

aspects: balancing stress and resilience, and resilience and sense of self development through experience.

The core theme, **Navigating Emotional and Physical Demands While Sustaining Resilience and Compassion**, is operationalized as the complex interplay among emotional strain, physical workload, and sources of meaning that shapes NICU nurses' capacity to remain compassionate in a high-intensity clinical environment. This theme reflects how nurses confront constant exposure to fragile infants, medical uncertainty, ethical dilemmas, and strenuous shifts, all while being expected to deliver highly specialized and emotionally sensitive care. The emotional burden often stems from witnessing infant suffering, family distress, or patient loss, while physical demands arise from prolonged standing, fatigue, multitasking, and rapid clinical decision-making. Despite these challenges, many NICU nurses sustain resilience through internal and external sources of inspiration such as infant recovery, family gratitude, personal faith, and professional commitment.

Several studies affirmed that NICU practice entails a dual experience of emotional vulnerability and professional strength. Several studies have demonstrated that heavy physical workload and prolonged or demanding shifts are significant contributors to nurse burnout. Yet, nurses often maintain resilience through peer support and personal coping strategies. For example, Wang et al. (2025) revealed that factors such as night shift frequency and high work demands were associated with elevated burnout levels, while regular exercise and better health were protective, highlighting the complex interplay between work conditions and individual resources in shaping burnout outcomes. In qualitative research by St Louis et al. (2024), nurses described how finding meaning in their work, including providing comfort and witnessing infant progress, contributed to

motivation, compassion satisfaction, and emotional endurance despite the emotional challenges of repeated neonatal loss and complex care situations.

The above-cited studies emphasized that NICU nursing is characterized by the tension between emotional and physical strain and the deep professional purpose that enables nurses to persist. Within this theme, three subthemes were identified: emotional and physical challenges, daily routines and responsibilities in NICU practice, and sources of inspiration and hope.

The subtheme *Emotional and Physical Challenges* is defined as the multifaceted strain resulting from continuous exposure to critically ill newborns, unpredictable clinical situations, and intense caregiving demands. Emotionally, NICU nurses grapple with anxiety, sadness, moral distress, and the burden of witnessing infant suffering or death. Physically, they endure long shifts, heavy workloads, sleep disruption, and cumulative fatigue from constant monitoring and technical procedures. These intersecting pressures heighten vulnerability to burnout and compassion fatigue, as supported by some studies. Recent research confirmed that NICU nurses are at high risk for compassion fatigue and emotional exhaustion due to the emotional strain of caring for critically ill infants and supporting distressed families. A qualitative study in Norwegian NICUs found that repeated exposure to trauma and parental grief contributes to substantial emotional and physical exhaustion, undermining nurses' capacity to empathize and manage care demands (Hagen et al., 2025).

Empirical evidence suggested that workload intensity and resource constraints are linked with higher levels of burnout and compassion fatigue among neonatal nurses, with long hours and inadequate rest exacerbating psychological strain (Wang et al., 2025).

Furthermore, research on moral distress in NICU and critical care nursing demonstrated that the emotional complexity of decision-making and ethical challenges inherent in neonatal care are associated with increased burnout and moral distress, indicating that psychological strain in these settings often co-occurs with compassion fatigue (Salari et al., 2022). These findings illustrated how emotional and physical demands compound, creating a cycle of stress that challenges nurses' well-being while shaping the lived reality of NICU practice.

The subtheme *Daily Routines and Responsibilities* is operationalized as the highly structured yet demanding set of clinical tasks, monitoring duties, and relational responsibilities that define daily NICU work. These routines include continuous assessment, ventilator and incubator management, medication administration, documentation, family communication, and emergency responses, all performed under time pressure and heightened vigilance. Such routines contribute simultaneously to stress and to professional identity, as consistency and competence in these tasks ensure infant safety and reinforce nurses' sense of mastery.

Research showed that the daily workflow in neonatal intensive care settings is both physically taxing and cognitively demanding for nurses. Qualitative studies of NICU nurses reported that continuous emotional and clinical demands, including sustained concentration, rapid decision-making, and close monitoring of critically ill infants, contribute to stress and the risk of fatigue and burnout in these units (Hagen et al., 2025). Empirical work on NICU and critical care nursing also emphasized that high workload intensity, frequent emergencies, and fragmented tasks are associated with greater occupational stress and reduced job satisfaction, particularly when staffing and resources

are constrained (Wang et al., 2025). At the same time, nurses' professional values indicate that structured care processes, clear routines, and engagement with meaningful aspects of neonatal care, such as supporting family-centered care, can reinforce nurses' sense of role clarity and contribute positively to job satisfaction despite the demands of NICU work (Hadi et al., 2025). These studies found that daily NICU responsibilities are both challenging and central to professional fulfillment, serving as an essential component of how nurses navigate their demanding environment.

The subtheme *Sources of Inspiration and Hope in NICU Nursing* refers to the emotional and existential resources that empower nurses to sustain compassion and resilience despite the heavy demands of the NICU environment. These sources include witnessing infants recover, seeing families express gratitude, observing small yet meaningful improvements, and finding purpose in saving lives and in developing emotional bonds with patients and families. Such experiences counterbalance stress and help nurses reaffirm their professional calling.

Empirical studies affirmed that meaning-making is a powerful buffer against burnout in intensive care settings. Rink et al. (2023) identified distinct profiles of nurses regarding burnout and resilience, showing that nurses with stronger emotional thriving and recovery experience less emotional exhaustion and greater professional fulfillment. Zhang et al. (2022) found that positive interactions with families enhance psychological well-being and reduce compassion fatigue through increased compassion satisfaction. Meanwhile, Hinderer et al. (2020) reported that witnessing infant milestones and contributing to survival deeply reinforce nurses' sense of purpose and strengthen coping capacity. These findings demonstrated that sources of hope serve as emotional anchors,

enabling NICU nurses to sustain empathy, motivation, and professional fulfillment even in the face of ongoing emotional and physical challenges.

The core theme, **Navigating the Pressured Space of the NICU Environment**, is operationalized as the complex interplay of sensory, emotional, and relational experiences that NICU nurses face as they deliver highly specialized care to critically ill newborns. This theme captures how the NICU environment, characterized by continuous alarms, high-acuity infant conditions, and rapid clinical decision-making, imposes profound emotional and physical strain on nurses. At the same time, the progress of infants, meaningful nurse–infant interactions, and supportive relationships with colleagues provide essential sources of strength that help nurses sustain resilience and compassion.

Recent studies demonstrated that NICU nurses frequently experience significant emotional and psychological strain due to the demanding and high-stakes nature of their work. Qualitative research with NICU nurses reported that continuous emotional demands, including watching critically ill infants, engaging with distressed families, and navigating complex clinical care, contribute to compassion fatigue and emotional exhaustion in this setting (Browne et al., 2025). Cross-sectional research also identified high perceived stress and workload as correlates of burnout among NICU nurses, with more direct patient care hours linked to higher emotional exhaustion scores (Smith et al., 2025).

However, other studies suggested that supportive social and professional relationships and meaningful engagement with positive aspects of patient care, such as observing infant progress or developing trusting nurse–family connections, are associated with greater compassion satisfaction and enhanced coping, potentially mitigating burnout (Bahari et al., 2022). The NICU environment, therefore, functions as both a source of strain

and a place of meaning-making. In this theme, three subthemes were identified: sensory overload and emotional strain, the emotional significance of NICU equipment and infants' progress, and environmental and relational supports as coping resources.

The subtheme *Sensory Overload and Emotional Strain* is operationally defined as the emotional fatigue, stress, and cognitive burden nurses experience due to persistent exposure to alarms, machine noise, complex infant conditions, and continuous monitoring demands. NICU nurses work within a technologically dense environment where multiple devices, such as ventilators, infusion pumps, and monitors, produce near-constant auditory and visual stimuli that heighten vigilance and elevate stress levels. Studies show that this sensory overload contributes to emotional fatigue, reduced concentration, and increased risk for burnout as nurses navigate high-stakes decision-making under continuous pressure (Schepper et al., 2021; Salameh et al., 2024). Emotional strain also emerges from the frequent exposure to fragile infants and unpredictable clinical events, which generate worry, compassion fatigue, and feelings of responsibility that extend beyond routine caregiving (Lee et al., 2022). These sensory and emotional burdens demonstrate that the demanding clinical environment deeply shapes NICU nurses' well-being.

The subtheme *Emotional Significance of NICU Equipment and Infants' Progress* refers to the symbolic and affective meanings that nurses attach to medical technologies and clinical indicators of infant improvement. While devices such as incubators, ventilators, and monitors can contribute to stress, they are also interpreted as tangible signs of survival, progress, and hope. Qualitative and mixed-methods studies indicated that witnessing improvements in infant health, including clinical stabilization and recovery milestones, and engaging in caring roles that emphasize supportive nurse–family

interactions are associated with greater compassion satisfaction, resilience, and job meaning among NICU nurses (Battran et al., 2025; Tu et al., 2025). Technology in the NICU thus functions beyond its technical role; it becomes a medium through which nurses interpret infants' resilience and the impact of their own caregiving. This symbolic meaning helps mitigate emotional exhaustion, as progress observed through equipment readings provides reassurance, hope, and validation of nurses' efforts (Gonzalez-Gil et al., 2022). This subtheme highlights how nurses transform stressful technological encounters into sources of emotional renewal.

The subtheme *Environmental and Relational Supports as Coping Resources* is operationally defined as the physical, social, and organizational elements of the NICU that buffer stress and sustain nurses' resilience. These supports include teamwork, peer solidarity, effective communication, mentorship, and the unit's physical structure, which facilitates rest, collaboration, and workflow. Nurses with greater perceived support from peers and others also reported improved psychological adjustment and better coping with professional stressors (Zhang et al., 2023).

Additionally, studies of workplace social support indicated that support from colleagues can moderate the relationship between occupational stress and burnout, serving as an important buffer that helps nurses manage complex clinical demands and emotional strain (Wu et al., 2023). When nurses have adequate staffing, sufficient resources, and well-organized working conditions, they experience lower burnout and greater psychological safety, highlighting the protective impact of functional work environments on nurses' mental well-being (Al Sabei et al., 2022). Relational support is especially critical. Colleagues who provide emotional validation, shared learning, or practical support foster

a sense of belonging and collective resilience, helping nurses navigate the emotional intensity of NICU care. This subtheme shows that coping in the NICU is not merely an individual task but a relational and environmental process embedded within supportive professional communities.

The core theme, **Temporal Development of Resilience and Compassion**, is operationalized as the progressive, time-dependent process through which NICU nurses transform repeated exposure to emotionally and technically demanding clinical events into growing competence, adaptive coping, and sustained compassionate engagement. This theme captures how nurses' emotional responses, clinical skills, meaning-making, and interpersonal resources evolve, shaped by accumulated experience, guided reflection, formal and informal learning, and supportive professional networks. Early stages of NICU practice are often marked by vulnerability, heightened emotional reactivity, and reliance on rules and protocols. Research showed that nurses develop greater resilience, clinical judgment, emotion regulation, and coping capacity as they accumulate professional experience and practice, which can buffer compassion fatigue and enhance compassion satisfaction (Kim & Chang, 2022).

Empirical studies indicated that resilience is not a fixed trait but a dynamic capacity shaped by experience, organizational support, and targeted training, with higher resilience linked to better psychological well-being and reduced burnout among nurses (Zhang et al., 2023). Moreover, interventions such as psychoeducational resilience programs and structured reflective training have been shown to improve nurses' adaptive coping strategies, increase self-compassion and emotional regulation, and enhance overall professional quality of life by reducing stress and burnout (McGarry et al., 2024; Sun et

al., 2024). In NICU, nurses build resilience and continue providing compassionate care over time by learning from repeated experiences, reflecting on what happens, and relying on support from colleagues. Within the theme, three subthemes emerged: learning through experience and skill refinement, coping strategies and support systems, and self-awareness and emotional regulation.

The subtheme *Learning Through Experience and Skill Refinement* is operationalized as the process by which NICU nurses convert repeated clinical exposure into practical expertise, intuitive judgment, and confidence that reduces vulnerability to acute stress. Through iterative clinical practice, which involves performing procedures, recognizing subtle changes in infant status, and responding to emergencies, nurses move from rule-based practice toward contextually grounded competence and efficiency. In neonatal settings, grounded theory and mixed-methods studies highlighted that clinical experience and deliberate practice are key determinants of neonatal nurses' resilience and perceived competence (Carton et al., 2022). Therefore, skill refinement through sustained clinical exposure is a major temporal pathway by which NICU nurses develop the professional confidence necessary to sustain compassionate care in high-acuity environments.

The subtheme *Coping Strategies and Support Systems* is operationalized as the evolving repertoire of individual and organizational strategies that nurses deploy over time to manage stress and preserve compassion. These include problem-focused strategies such as task pacing, prioritization, and simulation rehearsal; emotion-focused strategies such as peer debriefing and reflective journaling; and institutional supports such as mentoring, structured handovers, and resilience programs. Empirical studies indicate that adaptive

coping patterns develop with experience but are strongly influenced by formal supports: resilience is higher among nurses who have access to peer support, mentorship, and organizational resources (Carton et al., 2022). Resilience has been shown to mediate the relationship between workplace demands and burnout among NICU staff, underscoring the protective role of strengthening coping systems over time (Al-Harrasi et al., 2024). Collectively, these portray coping and support as dynamic, trainable resources that, when nurtured, accumulate over the years to buffer compassion fatigue and sustain compassionate practice.

The subtheme *Self-Awareness and Emotional Regulation* is operationalized as the progressive cultivation of reflective insight and deliberate emotion-management strategies that allow NICU nurses to recognize early signs of fatigue, recalibrate affective responses, and maintain presence with families and infants. Over time, nurses report enhanced capacity for self-monitoring, boundary-setting, cognitive reappraisal, and mindful pausing. Studies indicated that emotion-regulation training can enhance nurses' coping skills and professional quality of life: for example, intensive and critical care nurses who participated in structured emotion-regulation training showed improved adaptive coping strategies, higher compassion satisfaction, and reduced burnout and psychological distress compared with controls (Kharatzadeh et al., 2020).

Research also showed that effective emotion regulation strategies, such as cognitive reappraisal, support nurses' interpersonal skills and emotional functioning, thereby mediating positive outcomes such as empathy and care engagement (Zhang et al., 2022). In addition, longitudinal and daily-life research with nurses found that years of clinical experience and the use of adaptive emotion regulation strategies are linked with lower

perceived stress and greater well-being, suggesting that experience helps nurses more effectively manage emotional demands in clinical practice (Katana et al., 2019). Thus, the temporal development of self-awareness and emotional regulation is a core mechanism through which NICU nurses transform cumulative exposure into sustainable resilience and enduring compassionate practice.

The core theme **Relational Anchors in Sustaining Resilience and Managing Compassion Fatigue in NICU Nurses** is operationalized as the interpersonal and emotional connections that help neonatal intensive care unit (NICU) nurses cope with the overwhelming psychological demands of caring for critically ill infants. This theme highlights how nurses rely on relational bonds, particularly with colleagues, interdisciplinary teams, and families, to restore emotional equilibrium, manage compassion fatigue, and sustain their commitment to providing high-quality care despite ongoing stressors.

Research showed that strong collegial relationships and teamwork among nurses and other healthcare professionals are linked with lower burnout and higher job satisfaction, partly by fostering mutual support, shared responsibilities, and better coping with work stress (Al Sabei et al., 2022; Philips et al., 2024). Supportive team environments are also associated with greater resilience and compassion satisfaction, as nurses who feel connected with colleagues are better able to manage emotional demands (Cosentino et al., 2022). In addition, positive psychological resources, such as gratitude, whether experienced at work generally or in response to meaningful moments with patients and families, are associated with higher resilience and job satisfaction among nurses (Wang et al., 2024). Finally, research on family-centered care suggests that nurses' supportive

engagement with families in high-acuity settings, such as NICUs, can help reduce parental stress and may contribute to a sense of purpose and meaning for nurses themselves (Loutfy et al., 2024). Within this overarching theme, three subthemes were identified: emotional validation from colleagues, teamwork as a buffer against fatigue, and family connection and meaning in care.

Emotional Validation from Colleagues is operationally defined as the supportive interpersonal exchanges through which NICU nurses feel understood, affirmed, and emotionally acknowledged by peers who share similar experiences. These validating interactions help nurses regulate distress, normalize emotional reactions, and counter feelings of isolation. Collegial validation is particularly important in NICUs where exposure to infant suffering, ethical dilemmas, and unpredictable clinical outcomes frequently evoke emotional strain. Emotional validation from colleagues emerged as a crucial protective factor against emotional exhaustion among nurses. Studies show that supportive peer relationships create psychologically safe spaces where nurses can openly share and process distressing experiences, thereby reducing compassion fatigue (Zhang et al., 2023). Similarly, empathetic peer interactions foster emotional resilience by encouraging openness, shared reflection, and mutual understanding within nursing teams (Atta et al., 2024). Qualitative-informed evidence further suggests that compassion, empathy, and relational support help nurses sustain emotional balance in high-intensity care environments (Joy et al., 2023).

Teamwork as a Buffer Against Fatigue refers to the collective, coordinated efforts of NICU staff that distribute workloads, foster trust, and create a sense of shared responsibility, which are essential for navigating emotionally and physically demanding

shifts. In high-acuity neonatal units, teamwork lessens individual burden and reduces stress by ensuring that no nurse feels alone in managing complex or emotionally draining cases. Research supports the protective role of teamwork in reducing fatigue. Strong team cohesion and collaborative practice have been described as foundational to resilient nursing work environments, particularly in high-acuity settings such as intensive care units.

Research suggests that cohesive nursing teams enhance open communication and mutual support, fostering a shared sense of purpose and reducing work-related distress among clinicians (Baek et al., 2023). In critical care contexts, higher collective efficacy, the team's shared belief in its capabilities, is associated with lower emotional exhaustion and a stronger sense of personal accomplishment, indicating that relational team dynamics can mitigate burnout and sustain psychological resilience (Kiefer et al., 2025). Effective interprofessional teamwork ensures that nurses can rely on one another during overwhelming situations, reinforcing resilience while reducing compassion fatigue.

Family Connection and Meaning in Care is operationally defined as the emotional fulfillment and sense of purpose NICU nurses derive from forming meaningful relationships with infants and their families. These connections often serve as powerful motivators, sustaining nurses' compassion despite continuous exposure to fragile newborns and distressed parents. Family gratitude, trust, and involvement reinforce nurses' professional identity and deepen their emotional investment in patient outcomes. Parent involvement and nurse support suggest that witnessing infants' developmental progress alongside families fosters nurses' sense of hope and reinforces the significance of their role, as hope is recognized as a vital element in nursing practice that promotes coping and positive emotional experiences for both caregivers and families (Antunes et al., 2023). The

findings revealed that the emotional bonds nurses form with families play an essential role in strengthening compassion and maintaining psychological well-being amid NICU-related stressors.

The theme, **Material and Technological Aspects in NICU: Balancing Stress and Resilience**, is operationalized through nurses' experiences, interpretations, and emotional responses to the highly technological environment of neonatal intensive care. This theme captures how NICU equipment, such as incubators, ventilators, incubators, monitors, infusion pumps, and life-support devices, can be both a source of emotional burden and a symbol of hope and resilience. On the one hand, constant exposure to complex machines, alarms, and life-sustaining technologies creates heightened vigilance, stress and emotional strain. On the other hand, these same machines represent survival, progress, and meaningful caregiving, anchoring nurses' sense of purpose and reinforcing their commitment amid daily challenges.

Recent research highlighted that the technological intensity of critical care environments contributes to emotional stress and cognitive overload among nurses, particularly due to frequent alarms and complex monitoring systems that demand sustained attention and rapid interpretation (Rayan et al., 2024). Qualitative findings also show that when healthcare technologies are usable and well-integrated, they can support clinical workflows and enhance nurses' confidence and sense of professional competence, thereby fostering resilience in demanding care settings (Rayan et al., 2024). Moreover, nurses' interactions with patient monitoring systems are often emotionally charged, as clinicians describe the challenges of managing alarms and technology as integral to care delivery, reflecting both the burdens and the essential role these systems play in maintaining patient

stability and facilitating timely clinical action (Rayan et al., 2024). Within this theme, two subthemes were identified: equipment as a source of emotional burden and equipment as symbols of hope, resilience and care.

Equipment as a Source of Emotional Burden refers to the emotional weight and psychological pressure that NICU nurses experience when interacting with life-sustaining machines that signify infant fragility and the constant possibility of deterioration. The physical presence of intensive monitoring systems, ventilators, and alarms generates an environment of continuous alertness, where every sound, light, and technical malfunction demands immediate action. This subtheme captures how equipment does not simply facilitate clinical care but also heightens emotional vulnerability.

Studies show that alarm fatigue, technological complexity, and the constant risk of equipment failure contribute significantly to emotional exhaustion and stress among nurses working in high-acuity neonatal and critical care settings (Ruppel et al., 2018). Qualitative evidence further indicates that nurses often associate specific machines with distressing or traumatic clinical events, such as sudden infant deterioration, causing equipment itself to become a trigger for anxiety and heightened emotional responses (Crilly et al., 2019). Likewise, recent research emphasizes that the responsibility of managing high-risk technologies places nurses under sustained moral and emotional pressure, as even minor errors or delays may have life-threatening consequences for vulnerable patients (Lamiani et al., 2021). These findings demonstrate that NICU technology becomes intertwined with emotional strain, where the presence of machines acts as both a reminder of infants' vulnerability and a catalyst for nurses' psychological burden.

Equipment as Symbols of Hope, Resilience, and Care is defined as the way NICU nurses interpret medical technologies as sources of empowerment, emotional meaning, and professional purpose. In this view, equipment becomes more than machinery; it becomes an extension of compassionate care and a tangible representation of infants' progress. Nurses often describe feelings of hope when ventilator settings improve, when monitors stabilize, or when incubators help premature infants gain strength. Recent qualitative studies affirm that healthcare technologies can foster resilience by allowing nurses to witness visible signs of recovery, thereby reinforcing meaning-making and emotional endurance in technologically intensive care environments (Crilly et al., 2019).

Furthermore, research indicates that advanced monitoring and life-support technologies enhance nurses' sense of professional efficacy by enabling timely interventions that directly support infants' survival and development (Rayan et al., 2024). These machines also promote emotional connection, as nurses often interpret positive changes in technological indicators as shared victories with infants and their families, strengthening relational engagement and sustaining hope in neonatal care (Feeley et al., 2019). The emotional significance of technology thus transforms the NICU environment from a space of stress to a space of hope, where machines symbolize not only the challenges of neonatal care but also the resilience, dedication, and compassionate presence of the nurses who operate them.

The theme **Resilience and Sense of Self Development Through Experience** is operationalized as how nurses working in the high-intensity environment of the NICU gradually develop resilience, self-awareness, and a strengthened professional identity over time. Rather than resilience being a fixed trait, it emerges as a dynamic, developmental

process, shaped by repeated exposure to stressors, lived experiences of caring for fragile infants, and deliberate coping and reflective practices. This aligns with current conceptualizations of resilience in nursing, which emphasize growth, adaptation, and identity formation rather than simply "bouncing back" (Liu et al., 2021).

Empirical evidence supports the idea that, for critical-care nurses, resilience serves as a protective factor, buffering against burnout and compassion fatigue while fostering job satisfaction, commitment, and professional identity. For example, a recent cross-sectional study among ICU nurses found that psychological resilience mediated the relationship between sense of professional mission and career success (Zhang et al., 2024). Further, systematic reviews and integrative analyses highlight that personal strategies, self-reflection, and the development of inner strength are common paths through which nurses build resilience and professional growth (Cai et al., 2021). Thus, this theme reflects an adaptive, experiential process in which the challenges of NICU work serve not only as stressors but also as catalysts for personal and professional growth. Within this overarching theme, two subthemes emerged: learning and adaptation over time and self-care and coping as mediators.

The subtheme *Learning and Adaptation Over Time* refers to the gradual transformation NICU nurses undergo as they repeatedly face emotionally and technically challenging situations, from feelings of fear, uncertainty, and self-doubt to increased competence, confidence, and a stable professional identity. Through repeated exposure and reflection, nurses become more comfortable with NICU-specific stressors and develop mastery in their role. This ongoing process of experiential learning enables nurses to refine their clinical judgment, strengthen emotional resilience, and cultivate a deeper sense of

professional purpose, allowing them to navigate complex care situations with greater confidence and effectiveness.

The notion that resilience and professional identity evolve through experience is supported by a qualitative meta-synthesis among nurses, which identified "self-development based on one's inner self," "developing personal strategies for overcoming adversity," and "building professionalism to become a better nurse" as key resilience processes (Liu et al., 2021). In addition, a cross-sectional study of ICU nurses during the COVID-19 pandemic indicated that resilience significantly mediated the relationship between sense of professional mission and career success, suggesting that repeated exposure to stress and responsibility, when mediated by resilience, can enhance long-term professional growth (Zhang et al., 2024). Integrative reviews of critical-care nursing resilience highlight that coping with crises, moral distress, and high workloads can lead to adaptive resilience — not merely survival, but personal growth, strengthened commitment, and refined professional identity, especially when supported by reflection and adaptive coping (Cai et al., 2021).

The subtheme *Self-Care and Coping as Mediators* is defined as the intentional strategies that NICU nurses employ to buffer the negative effects of stress and compassion fatigue, including short breaks during shifts, emotional reflection after difficult cases, mindfulness, social support from co-workers, family or friends, and healthy lifestyle practices. These coping and self-care practices mediate the relationship between environmental stressors and the development of resilience and professional identity. By enabling nurses to regulate emotional distress, restore psychological balance and maintain a sense of personal well-being, these strategies support sustained engagement in caregiving

roles and enhance their capacity to provide compassionate and effective care despite the demands of the NICU environment.

Recent studies stress self-care and coping as critical mediators for resilience. Mindful self-care positively correlated with resilient coping, suggesting that self-care practices may enhance coping capacity and protect against moral distress and burnout (Mei et al., 2023). Resilience education, which teaches stress management, self-care, and coping skills, significantly improves nurses' resilience, psychological well-being, and sustained professional performance (Liang et al., 2024). A study found that coping style mediated the negative effect of perceived stress on professional identity, indicating that positive coping behaviors can buffer the harmful impact of perceived stress on nurses' identity formation and commitment (Chen et al., 2024). This demonstrates that self-care and coping are central to sustaining a nursing career, particularly in high-stress specialties like the NICU.

Next page shows the Schematic Diagram of the Study.

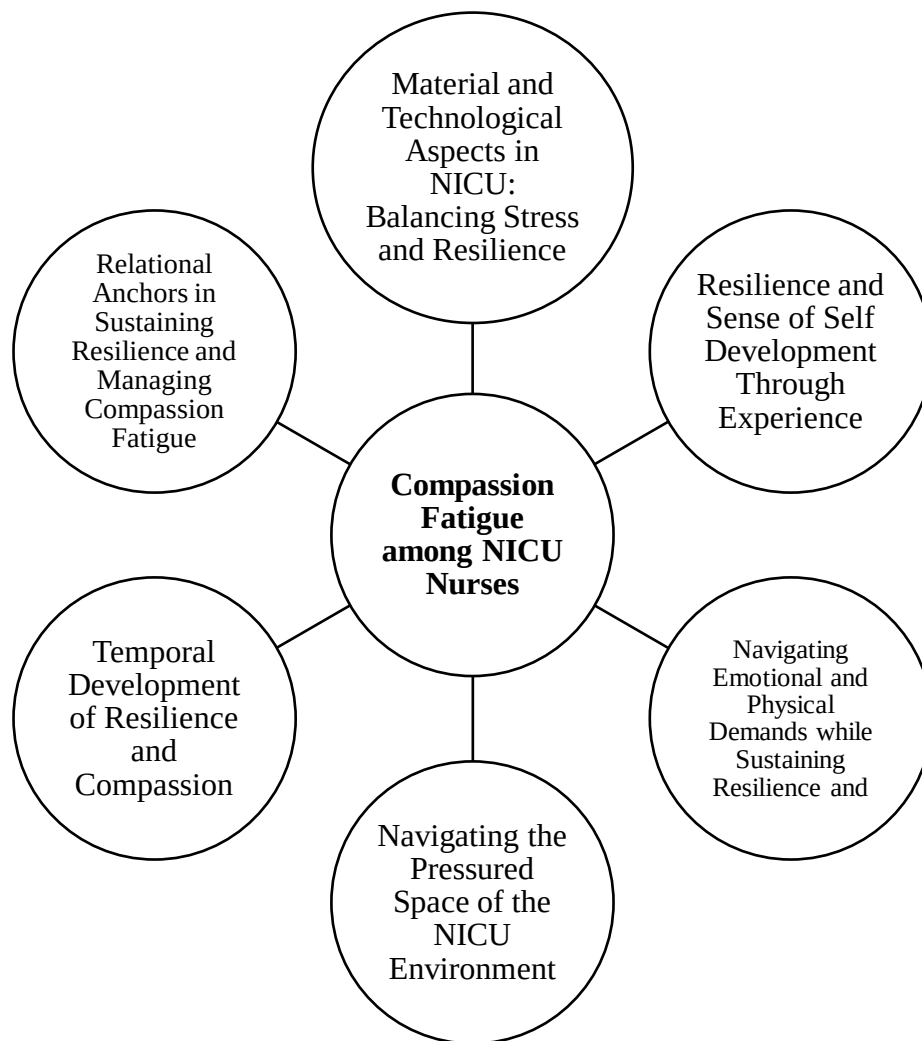


Figure 1. Schematic Diagram of the Study

Statement of the Problem

. This study explored how NICU nurses in government hospitals in Zamboanga del Norte experienced compassion fatigue within the NICU environment. Specifically, it sought to answer to the following questions:

1. How did NICU nurses experience and interpret the physical and emotional sensations of stress, fatigue and resilience in their daily caregiving practices, and how did these bodily experiences shape compassion fatigue?

2. How did NICU nurses perceive and experience the physical and emotional environment of the NICU, and how did this environment influence their experiences of compassion fatigue and resilience?

3. How did NICU nurses' past and present experiences influence their ongoing journey with compassion fatigue and the development of resilience over time?

4. How did NICU nurses' relationships with patients, families, colleagues and the broader healthcare team shape the challenges, coping and management of compassion fatigue?

5. How did NICU nurses make meaning of the material and technological aspects of their work such as medical equipment and physical resources, and how did these elements contribute to or alleviate compassion fatigue?

6. How did NICU nurses' experiences of compassion fatigue shape their sense of self over time, and how did their relationships with patients, families, colleagues and the broader healthcare system mediate this transformation?

Chapter 2

RESEARCH METHODOLOGY

Design

This study employed a qualitative, transcendental-phenomenological research design. According to Creswell and Poth (2018), qualitative research allowed for an in-depth understanding of complex human experiences by gathering rich, descriptive data rooted in participants' perspectives. Transcendental phenomenology, as described by Moustakas (1994), focuses on exploring and describing individuals' lived experiences to uncover the essence of a particular phenomenon, setting aside the researcher's biases through a process called "*epoche*." This design is particularly appropriate for the present study as it seeks to explore the lived experiences of NICU nurses with compassion fatigue, an emotionally complex and deeply personal phenomenon, by giving voice to their perspectives, meanings, and coping processes within the high-stress environment of neonatal intensive care.

Setting

This study was conducted in selected public hospitals in Zamboanga del Norte, all of which operate Neonatal Intensive Care Units (NICUs) that provide life-saving care to premature and critically ill newborns. As government-run institutions, these hospitals are characterized by high patient volumes, limited resources, and staffing shortages, which are the conditions that often stretch healthcare workers to their limits. Despite these challenges, public hospitals also serve as essential safety nets for underserved populations, offering free or subsidized care and presenting a unique environment where nurses are called to

deliver compassionate, high-stakes care under significant pressure. These settings were particularly relevant for exploring compassion fatigue, as NICU nurses in public hospitals face not only the emotional demands of neonatal critical care but also systemic constraints such as inadequate staffing, resource scarcity, and inconsistent institutional support. At the same time, these nurses often develop strong professional commitment, resilience, and a deep sense of purpose, making the context ideal for examining how compassion fatigue manifests and how both individual experiences and environmental conditions shape adaptive strategies.

Participants

The participants of this study were the seven (7) NICU nurses. A purposive sampling technique was employed to select nurses who could provide rich, experience-based data relevant to the study's objectives. The inclusion criteria were as follows: (1) tenured and registered nurses currently assigned to a Neonatal Intensive Care Unit of selected hospital; (2) must have at least six months of continuous NICU experience at the time of data collection; (3) willing and able to provide informed consent for voluntary participation; and (4) must be employed in one of the identified public hospitals in Zamboanga del Norte. The exclusion criteria were the following: (1) currently on extended leave, such as maternity, study or medical leave; (2) undergoing psychological treatment specifically related to trauma or stress-related disorders, to avoid re-dramatization; and (3) working in non-NICU departments or with less than six months of NICU experience.

Instrument

The study utilized a semi-structured interview guide as its primary research instrument to explore compassion fatigue and resilience among NICU nurses. The guide was developed through an extensive review of relevant literature and refined with expert feedback to ensure its clarity and relevance (Alhazmi & Kaufmann, 2022). In addition, a demographic questionnaire was administered to participants to assess their age, gender, educational background, and nursing experience, to contextualize the findings. Field notes were also taken during interviews to capture additional insights and deepen the qualitative data.

Data Gathering Procedure

The data-gathering procedure for this study followed several key stages, beginning with obtaining necessary permissions and culminating in interviews with novice nurses. The researcher obtained formal permissions from the Dean of the Graduate School at Misamis University and the Chief Nurse at the study site. After securing approval, purposive sampling was used to recruit NICU nurses. Recruitment was facilitated through coordination with hospital administrators and nurse supervisors, who assisted in identifying eligible participants and distributing invitation letters and informed consent forms. Eligible participants received detailed information on the study's objectives, procedures, and ethical considerations, and each provided written informed consent before participation.

After consent was obtained, in-depth, semi-structured face-to-face interviews were conducted in a private, quiet space within the hospital or outside, depending on participant preference and availability. Interviews were conducted in English, Tagalog, or Visayan,

whichever the participant understood best and felt most comfortable using to fully express their experiences. Each interview lasted approximately 30 minutes and was audio-recorded with participants' permission to ensure accurate capture of their lived experiences. Participants were assured of confidentiality and the voluntary nature of their participation, with the option to withdraw at any time without consequence.

Ethical Considerations

To ensure ethical conduct, this study implemented several measures throughout the research process. Ethical approval was obtained from the Misamis University Research Ethics Committee (MUREC) following the submission of a detailed protocol outlining the study's purpose, procedures, participant selection, data handling, and measures to minimize risk. The researcher declared no conflict of interest arising from financial, familial, or proprietary considerations. Moreover, the study was not sponsored by any individual, organization, or institution, and was conducted independently with no external collaboration.

The researcher strictly acted as an investigator, not as a healthcare provider for participants. This clear separation of roles was maintained to uphold objectivity and ethical integrity. Participants were informed that their involvement in the study was entirely voluntary and would not affect their employment status, professional evaluations, or access to healthcare services. Recruitment was coordinated through hospital administrators and nurse supervisors to ensure that potential participants were approached respectfully and without coercion. Only NICU nurses who were both eligible and willing to participate were invited. Given the emotionally sensitive nature of the topic, participants were considered a potentially vulnerable population due to their exposure to high-stress work environments.

As such, additional care was taken to protect their autonomy, ensure understanding, and support emotional safety throughout the study. Where applicable, for instance, if participants were under institutional supervision or in training, assent was obtained in addition to informed consent from authorized representatives.

Informed consent was secured before any participation. Nurses received comprehensive written and verbal explanations of the study's objectives, procedures, expected duration, and any foreseeable risks, such as emotional discomfort when reflecting on compassion fatigue. They were informed of non-material benefits, such as increased self-awareness of their emotional experiences and the potential to contribute to better institutional support for staff nurses in NICU. The results of the study would lead to intervention programs addressing compassion fatigue, which could directly benefit the participants. Participants were reminded of their right to refuse or withdraw from the study at any time without penalty. Consent was documented either in writing or via recorded verbal consent for audio interviews.

Privacy and confidentiality were strictly observed. Interviews were conducted in private settings, and all data were anonymized during transcription and securely stored with access limited to the principal researcher. No personally identifiable information appeared and would appear in transcripts, reports, or publications. All digital files were password-protected, and data would be disposed of six months after the study concluded. Participants were assigned pseudonyms to further ensure anonymity.

No incentives or compensation were offered for participation. Through these comprehensive ethical safeguards, including attention to participant vulnerability, a clear consent process, strict confidentiality, recognition of potential risks and non-material

benefits, and transparency regarding funding and conflicts of interest, the study aimed to uphold the highest standards of ethical research while respecting and protecting the dignity and well-being of all participants.

Data Analysis

Data analysis in this study followed Moustakas' (1994) transcendental phenomenological approach, which emphasizes uncovering the essence of lived experience through a disciplined process of reflection, reduction, and synthesis. The first step, horizontalization, involved reading and re-reading the interview transcripts while listening to the audio recordings to identify all significant statements related to the participants' experiences of compassion fatigue. These statements, regardless of repetition, were treated with equal value, allowing every expression that shed light on the phenomenon to emerge.

The second step, clustering the horizon, involved organizing these significant statements into meaning units by identifying recurring themes and patterns across narratives, such as emotional exhaustion, feelings of detachment, support-seeking behaviors, and moments of resilience. In the third step, a textural description was written to describe what the participants experienced, providing vivid, first-person accounts of their emotional and physical responses to the demands of NICU caregiving.

The fourth step involved writing a structural description that explored how these experiences occurred by examining the contextual and relational factors that influence compassion fatigue. In the fifth and final step, the researcher synthesized the textural and structural descriptions to uncover the essence of the lived experience. This essence captured the shared meaning underlying the participants' narratives, that compassion fatigue in NICU nursing was both a deeply personal and contextually shaped phenomenon.

Chapter 3

RESULTS AND DISCUSSION

Descriptions of the Participants

The study participants consisted of seven nurses currently assigned to Neonatal Intensive Care Units, aged 23 to 35 years. Three participants were single, three were married, and one participant's marital status was not specified. NICU experience ranged from 10 months to 13 years. Two participants reported prior community nursing experience ranging from 1 to 4 years. Two participants had overseas NICU experience, each with six years of practice abroad. All participants were actively engaged in NICU nursing at the time of data collection.

Participant 1 is a 29-year-old single nurse with 1 year and 10 months of continuous NICU experience. Participant 2 is a 30-year-old female nurse with 2 years of NICU experience and 4 years of prior community nursing experience. Participant 3 is a 35-year-old married mother with 13 years of neonatal intensive care nursing experience, including 6 years of overseas practice and 6 years of NICU experience in the Philippines. Participant 4 is a 32-year-old married female nurse with 5 years of NICU experience and 1 year of prior community nursing experience. Participant 5 is a 35-year-old married female nurse with 6 years of NICU experience abroad and currently practicing as a NICU nurse in the Philippines. Participant 6 is a 27-year-old single nurse with 3 years of experience in neonatal intensive care nursing. Participant 7 is a 23-year-old single, newly graduated nurse with 10 months of experience in the Neonatal Intensive Care Unit.

Navigating Emotional and Physical Demands while Sustaining Resilience and Compassion

This theme refers to the lived experiences of NICU nurses as they continually negotiate intense emotional strain and physical exhaustion while maintaining professional compassion and inner resilience in a highly demanding clinical environment. NICU nurses navigate immense emotional and physical demands as they care for critically ill infants and support distressed families while enduring long hours, high workloads, and constant vigilance; this dual burden can lead to fatigue, emotional exhaustion, and compassion fatigue, yet many nurses sustain resilience and compassion through coping strategies and personal resources. In relation to the existential dimension of the lived body (corporeality), these experiences are not abstract. They are lived in and through the body: nurses feel stress, fatigue, and tension, while embodied resilience and emotional regulation allow them to continue compassionate care despite bodily and psychological strain. Supporting studies include Hagen et al. (2025), who qualitatively explored compassion fatigue and the emotional burden of NICU nurses.

Al-Harrasi et al. (2024) demonstrated quantitatively that higher resilience reduces burnout and supports well-being, and Ayed (2025) showed that emotional intelligence enhances coping behaviors among NICU nurses. Barr (2023) also found that nursing stress predicts psychological distress, while emotional intelligence mitigates negative outcomes. These studies highlight that NICU nursing is a deeply embodied practice in which resilience, coping, and compassion are physically and existentially lived, reinforcing that the body is the central site where emotional and physical demands intersect with professional commitment. Three subthemes are identified to support the main theme: (1)

emotional and physical challenges of NICU nurses, (2) daily routines and responsibilities in NICU, and (3) sources of inspiration and hope in NICU practice.

Emotional and Physical Challenges of NICU Nurses. NICU nurses often confront intense emotional and physical challenges as they care for critically ill infants and support distressed families, all while working long hours and handling high-intensity workloads; this dual burden frequently results in fatigue, emotional exhaustion, and compassion fatigue, yet many manage to sustain resilience and compassion through personal coping resources. From the standpoint of *the lived body (corporeality)*, these demands are not abstract. They are felt and carried in the body: stress, tension, and fatigue become embodied, but so do resilience and the capacity for emotional regulation, which enable nurses to continue offering compassionate care despite bodily and psychological strain. Hagen et al. (2025) qualitatively described how NICU nurses experience a "double burden of care" and silent responsibility that leads to both mental and physical exhaustion.

Al-Harrasi et al. (2024) showed that higher resilience among NICU nurses is associated with lower burnout and better well-being. Further, Ayed (2025) found that emotional intelligence contributes to effective coping behaviors in NICU nurses. Barr (2024) found that nursing stress predicts psychological distress among NICU nurses, while trait emotional intelligence predicts better emotional well-being. Together, these studies illustrate that NICU nursing is an embodied practice: emotional and physical strain, resilience, coping, and compassion are not only psychological processes but are lived and carried by the body, confirming that the body is the central locus where the demands of care, suffering, and professional commitment intersect.

The subtheme is supported by the participants' statements:

“When I was first assigned in the NICU, I felt overwhelmed and scared since I had no experience with newborns.” (P1)

“By the end of the day, my back hurts and my legs felt weak after caring for critically ill newborns.” (P3).

“Compassion fatigue can feel emotionally draining, especially when caring for critically ill newborns.” (P5).

Newly assigned NICU nurses often experience feelings of fear, uncertainty, and being overwhelmed due to their limited experience in caring for critically ill newborns. Participant 1 described entering the NICU with little prior exposure to neonatal care, highlighting the anxiety and apprehension that commonly accompany the transition into such a highly specialized environment. Participant 3 emphasized the physical demands of NICU work, noting experiences of bodily exhaustion and fatigue following shifts spent caring for vulnerable infants. Meanwhile, Participant 5 reflected on the emotional burden associated with continuous exposure to critically ill patients, describing how prolonged stress can become emotionally exhausting. These narratives illustrate how the combination of inexperience, physical strain and sustained emotional demands contributes to the development of compassion fatigue among NICU nurses, particularly during the early stages of their professional practice.

Compassion fatigue among nurses in neonatal intensive care units highlights that NICU nurses experience a “double burden of care,” characterized by emotional strain alongside physical and psychological exhaustion (Hagen et al., 2025). Research on nurses’ job burnout and resilience in neonatal intensive care units demonstrates that nurses with lower resilience tend to experience higher levels of burnout, particularly emotional

exhaustion and depersonalization, which are likely intensified by workload and persistent stress (Al-Harrasi et al., 2024). In addition, higher emotional intelligence has been associated with more effective coping behaviors that may help buffer against emotional drain and compassion fatigue (Ayed, 2025). These findings suggest that the initial overwhelm, physical fatigue, and emotional burden described by participants are not isolated personal reactions but reflect systemic risks for burnout and compassion fatigue among NICU nurses. Thus, caring in NICU amounts to a lived corporeal reality: the body bears the weight of emotional burden, physical strain, and the existential challenge of professional caring.

Daily Routines and Responsibilities in NICU. NICU nurses face complex and demanding daily routines that combine technical responsibilities, continuous monitoring of critically ill infants, medication administration, and responding to the needs of both neonates and their families, often under time pressure and high-stakes conditions. From the perspective of *lived body (corporeality)*, these routines are deeply embodied: nurses experience prolonged standing, repetitive movements, and physical strain, as well as the cognitive and emotional load of constant vigilance, making the body both the instrument of care and the site where stress and fatigue are physically felt. Supporting study of Hagen et al. (2025) indicated that NICU nurses experience physical and emotional strain as part of their routine care, often leading to compassion fatigue. Al-Harrasi et al. (2024) demonstrated that structured routines and workload management influence resilience and reduce burnout among NICU nurses. Lastly, Zhang et al. Liu (2023) reported that the complexity and intensity of daily NICU responsibilities are associated with higher physical exhaustion, but adaptive coping strategies help nurses maintain care quality. These studies

underscore that the daily responsibilities of NICU nursing are not only procedural but also a lived, bodily experience in which physical endurance, emotional regulation, and professional commitment are continuously enacted. Here are the participants' statements:

“Doing routines like assessing the baby, giving medications, changing diapers, and suctioning intubated patients makes the shift demanding but rewarding.” (P6)

“My shift begins with endorsement from the previous nurse and ends with a thorough report to the next nurse.” (P7)

NICU nurses engage in complex, physically demanding daily routines, including assessing infants, administering medications, performing diaper changes, and suctioning intubated patients, which, as one participant noted, make the shift *"demanding but rewarding"* (P6). At the same time, another described the structured workflow of starting *"with endorsement from the previous nurse and ending with a thorough report to the next nurse"* (P7). These routines require continuous vigilance, technical precision, and emotional attentiveness, making the nurse's body both the instrument and the site of care, where physical fatigue, prolonged standing, repetitive movements, and stress are felt, reflecting the existential dimension of *Lived Body (Corporeality)*.

Empirical studies support these experiences, such as Hagen et al. (2025) found that NICU nurses experience both physical and emotional strain as part of their routine care, often contributing to compassion fatigue. Al-Harrasi et al. (2024) demonstrated that resilience helps nurses manage heavy workloads and maintain well-being despite demanding routines. Zhang et al. (2023) reported that the complexity and intensity of daily NICU responsibilities are associated with higher physical exhaustion, although adaptive coping strategies improve nurses' ability to sustain quality care. Collectively, these findings indicate that NICU daily routines are not merely procedural tasks but a lived, embodied

experience in which nurses' bodies carry both the demands and the rewards of professional caring.

Sources of Inspiration and Hope. Despite the heavy emotional and physical demands inherent in NICU nursing, like caring for critically ill neonates, witnessing infant loss, and supporting distressed families, many nurses find sources of inspiration and hope that sustain their professional commitment and compassion. Drawing on the existential dimension of *the lived body (corporeality)*, such restorative experiences are embodied. The relief and sense of meaning when a fragile infant stabilizes, or when the nurse experiences solidarity with colleagues and families, are felt as renewed energy, emotional uplift, and bodily resilience. Hagen et al. (2025) documented how nurses in NICU settings experience compassion fatigue, yet also underscored the importance of recognizing and addressing this burden. Meanwhile, Elsharkawy et al. (2025) described adaptive coping strategies (e.g., meaning-making, faith, social support) and professional identity integration that foster resilience and sustain caring in the face of grief and trauma. Ayed (2025) found that higher emotional intelligence among NICU nurses is associated with more effective coping behaviors, underscoring emotional competence as a resource that nurtures hope and mitigates burnout.

In the same vein, Bozdağ et al. (2024) identified workplace-related factors that influence burnout and well-being among NICU nurses, suggesting that when organizational support, collegiality, and manageable workloads are in place, nurses are better able to sustain compassion and professional perseverance. Taken together, these studies show that sources of inspiration and hope in NICU practice are not merely psychological; they are deeply embodied, socially mediated, and structurally conditioned.

They reinforce that caring, resilience, and professional commitment are lived in the body, embedded in relationships, and shaped by context. Here are some of the participants' statements:

“The chance to care for the most fragile and precious lives inspired me to choose this profession.” (P2)

“Certain NICU equipment symbolizes life and survival, such as incubators and ventilators, giving a sense of hope.” (P4)

Many nurses are drawn to the profession by the opportunity to care for the most vulnerable lives, motivated by a sense of mission and a deeply held commitment to compassion and purpose. Participants described that the chance to support fragile and critically ill infants was a central factor in their decision to pursue nursing, highlighting the emotional significance and meaningfulness of their work. This sense of calling is supported by research showing that NICU nurses, despite high emotional demands, perceive their work as meaningful, which buffers against compassion fatigue (Hagen et al., 2025), and that moderate levels of compassion satisfaction foster hope and fulfillment even under challenging conditions (Battran et al., 2024). Likewise, participant P4 emphasized that "certain NICU equipment symbolizes life and survival, such as incubators and ventilators, giving a sense of hope," highlighting that the NICU environment and tools are not merely technical but existential symbols of hope, survival, and professional purpose, reinforcing nurses' motivation, emotional resilience, and commitment to compassionate care.

The existential theme of "navigating emotional and physical demands while sustaining resilience and compassion" strongly affirms Watson's assertion that caring is a reciprocal, embodied, and deeply human process. Nurses' experiences show that caring moments involve not only emotional presence but also physical endurance, aligning with

Watson's Caritas Processes such as cultivating loving-kindness, being present, and instilling faith and hope. Even under strain, nurses continue to perform caring-healing actions, illustrating that embodied compassion is central to NICU care. The findings deepen Watson's theory by showing that compassion is not merely a moral intention but also a bodily effort, lived through fatigue, emotional regulation, and sensory attentiveness. Caring is thus affirmed as a holistic, corporeal experience in which mind, body, and environment converge in the nurse's interaction with fragile infants and distressed families.

The findings of this study have significant implications for the nursing profession, emphasizing the urgent need to strengthen institutional support systems that safeguard the emotional and physical well-being of NICU nurses. The embodied nature of NICU work, marked by prolonged physical strain, constant vigilance, and deep emotional involvement, stresses the importance of structured strategies to prevent compassion fatigue, burnout, and psychological distress. Hospital administration may therefore promote policies that ensure adequate staffing, provide regular debriefing and mental health support, and integrate resilience-building, emotional intelligence development, and coping-skills training into continuing professional education. Likewise, improved NICU-specific orientation, competency-based mentorship, and simulation programs are essential to prepare nurses for the technical and emotional complexity of neonatal care. Creating a workplace culture rooted in human caring, collegial support, and recognition of meaning and purpose in NICU practice can enhance compassion satisfaction and sustain nurses' motivation. These implications emphasize that supporting nurses' embodied experiences is foundational to maintaining high-quality, compassionate, and safe neonatal care.

Navigating the Pressured Space of the NICU Environment

This theme captures how NICU nurses experience the clinical environment itself as an active force that shapes their emotional states, bodily responses, and capacity to cope while delivering care. Working in a NICU immerses nurses in a pressured space defined by constant alarms, machine noises, busy layout, and unpredictable emergencies, a lived space that shapes their emotional and physical experiences of care, often heightening stress but also sometimes reinforcing resilience and purpose. Bringel et al. (2023) measured sound pressure levels in several NICUs. They found that noise levels frequently exceeded recommended thresholds, with many staff reporting that the excessive noise made their shifts feel "stressful," indicating that the ambient acoustic environment is perceived as a key occupational stressor. Carvalhais et al. (2021) demonstrated that structural design and spatial layout in NICUs directly influence acoustic conditions and that after layout redesign and sound-reduction interventions, staff reported improved noise perception, suggesting that spatial reorganization can mitigate environmental stress. Further, Bringel et al. (2023) argued in their integrative review that persistent exposure to high noise and environmental overload in neonatal units constitutes a risk for burnout or fatigue among health professionals, underscoring that the NICU environment itself, beyond patient severity, can contribute to emotional and physical strain for nurses. These findings support the view that the NICU's spatiality is not a neutral backdrop but a lived, dynamic context. Its physical structure, sensory stimuli, and ambient conditions interact with nurses' bodies and emotions, shaping how they experience compassion fatigue, resilience, and their capacity to deliver care. The following are the subthemes that support the main theme: sensory

overload and emotional strain, emotional significance of NICU equipment and infants' progress, and environmental and relational supports as coping resources.

Sensory Overload and Emotional Strain. NICU nurses navigate a highly stimulating and demanding environment, where constant alarms, monitor beeps, ventilator sounds, and a busy physical layout contribute to sensory overload that can increase stress, fatigue, and emotional strain. This lived spatial environment affects nurses' bodily and emotional experiences, shaping how they manage compassion fatigue, sustain focus, and maintain resilience in critical, high-pressure care situations. Research shows that high noise levels and environmental clutter in NICUs are associated with increased perceived stress and a higher risk of burnout among nurses (Bringel et al., 2023), whereas optimized unit layouts and sound-reduction interventions can reduce environmental stress and improve staff well-being (Carvalhais et al., 2021). These studies underscore that the NICU's spatiality is a lived, dynamic context: its sensory and structural elements directly influence nurses' capacity to provide compassionate, attentive care while managing their own emotional and physical demands. Here are some of the participants' statements:

“The constant sounds of alarms, monitors, and ventilators can be overwhelming, creating tension and urgency, but each small success reminds me why I continue to care despite the challenges.” (P1)

“The continuous alarms and sterile atmosphere can be stressful, especially during emergencies, but they also remind me that babies are being closely monitored and cared for.” (P3)

“The sounds of alarms, the machines, and busy NICU environment can be very exhausting and stressful, but they also heighten my focus and keep me attentive to the babies' care.” (P5)

The physical and sensory environment of the NICU, with its constant alarms, monitor beeps, machine noise, and unpredictable, high-intensity activity, creates a lived space that can overwhelm nurses, contributing to emotional strain, fatigue, and persistent stress. Yet, this same spatiality also demands embodied alertness and sometimes fosters resilience and meaning in care. Bringel et al. (2023) found that noise levels in neonatal units regularly exceed safe thresholds, and many healthcare professionals report that this excessive noise makes their shifts stressful. Sugiura et al. (2025) observed that specific care procedures and overlapping alarms contribute significantly to the perceived noise environment in NICUs, a soundscape that many staff members identify as a source of fatigue and insomnia.

Moreover, noise-management efforts studied by researchers demonstrate that environmental interventions, such as implementing noise control guidelines, reorganizing spatial layout, and minimizing overlapping alarms, can improve acoustic conditions, which may help reduce stress and support both staff well-being and care quality. Taken together, these studies suggest that the NICU environment is not a neutral backdrop; it is a dynamic, embodied space that influences nurses' psychological and physiological states, shaping their vulnerability to compassion fatigue and their capacity for resilience, empathy, and sustained caregiving.

Emotional Significance of NICU Equipment and Infants' Progress. In the NICU, equipment such as incubators and ventilators, and the visible signs of infants' progress often carry deep emotional and symbolic significance for nurses, transforming technological apparatus into markers of hope, survival, and professional purpose. When life-saving interventions succeed or when fragile infants show signs of improvement, NICU nurses

derive a sense of meaning and fulfillment that strengthens their resilience and counters compassion fatigue. This is reflected in the study by Hagen et al. (2025), which found that despite the emotional burden of caring for critically ill newborns, NICU nurses often interpret successful outcomes and infant recovery as meaningful, which helps sustain their compassion over time. Likewise, Abrawi (2024) documented that higher resilience among NICU nurses is associated with a greater sense of personal accomplishment, suggesting that witnessing infants' progress supports well-being and buffers burnout.

Furthermore, Elsharkawy et al. (2025) showed that nurses draw on signs of infant improvement, small recoveries, or discharge successes as sources of hope and as anchors for continued commitment to care, a process that reinforces professional identity and emotional survival. These findings underscore that for NICU nurses, the material environment, machines, incubators, monitors, and the dynamic process of neonatal recovery are not merely clinical; they are also existential symbols that imbue their labor with hope, purpose, and resilience. Here are the statements of the two participants:

“The continuous alarm can make me feel tense and worried about babies’ condition, yet incubators symbolize protection and strength in newborns fighting to grow each day.” (P4)

“The nonstop alarms, serious conditions, and emotional demands can be draining and difficult to cope with, but every improved reading, successful feed, or weight gain is a sign of progress, showing resilience for both babies and caregivers.” (P6)

NICU nurses experience the environment as both emotionally demanding and a source of reinforcement, where continuous alarms and critical patient conditions generate stress and tension, while life-sustaining equipment and observable improvements in infants’ condition provide hope and strengthen resilience. P4 meant that the constant alarms contribute to heightened tension and worry about the infants’ condition, yet incubators are

also perceived as symbols of protection and strength for newborns striving for survival. P6 similarly emphasized that while nonstop alarms, serious conditions and emotional demands can be draining and difficult to manage, every improvement such as better readings, successful feeding, or weight gain is interpreted as meaningful progress that reinforces hope for both infants and caregivers. These experiences reflect the *Lived Space (Spatiality)* dimension, where the physical environment of the NICU including alarms, incubators, monitors and medical devices shapes both emotional burden and sources of meaning for nurses. Studies support this duality.

Hagen et al. (2025) reported that constant alarms and high-acuity cases contribute to compassion fatigue, but nurses derive emotional reinforcement from monitoring infants' recovery. Al-Harrasi et al. (2024) found that NICU equipment and observable patient improvements strengthen nurses' resilience and professional satisfaction. Elsharkawy et al. (2025) indicated that incremental neonatal progress, such as weight gain or successful feeds, provides motivation and emotional reward, sustaining compassionate engagement despite the stress of the environment. Thus, NICU equipment and infants' measurable progress serve as both a challenge and a source of hope, reinforcing the nurses' commitment and resilience within this high-intensity spatial environment.

Environmental and Relational Supports as Coping Resources. Working in the NICU, a space often marked by sensory overload, high emotional intensity, and physical demands NICU nurses nonetheless find that environmental and relational supports embedded in that space can become crucial coping resources, helping them sustain resilience and compassionate care. In the study of Bringel et al. (2023) demonstrated that excessive noise in neonatal units significantly contributes to perceived stress among

healthcare professionals. Moreover, reducing noise and improving environmental conditions is fundamental to alleviating occupational stress and burnout. Sugiura et al. (2025) reported that staff perceptions of noise depend not simply on decibel levels but on contextual factors (shift activities, alarms, busyness), implying that spatial and organizational features of the NICU affect how stressful or manageable the environment feels. In addition, interventions aimed at noise control such as adoption of guidelines, changes in routines, and environmental adjustments have been shown to significantly reduce noise levels and improve nurses' working conditions in NICUs suggesting that environmental modifications can directly support nurse well-being. On the relational side.

In a recent study of Ayed (2025) found a positive correlation between emotional intelligence and coping behaviors among NICU nurses indicating that personal and interpersonal resources (self-regulation, empathy, supportive relationships) help nurses manage emotional burden and adapt to the pressures of NICU work. Taking together, these studies underline that the physical and social environment of the NICU constitutes a lived space that can either exacerbate stress or serve as a resource for coping, resilience, and sustained compassionate care. The following are the participants statements

“NICU environment itself is both a comfort and an emotional burden; serious and critical patients make it heavy, but supportive co-workers and family progress make the work meaningful despite fatigue.” (P2)

“The NICU environment can contribute to compassion fatigue not only because of the constant alarms and critical cases but also when families are anxious or uncooperative, yet organized spaces and personal coping strategies help restore emotional and physical energy.” (P7)

The findings reinforce and extend the three guiding theories by illustrating how the *lived space* of the NICU serves as an influential context that shapes nurses' adaptation,

caring consciousness, and embodied ways of knowing. Consistent with Roy's Adaptation Model, nurses continuously respond to sensory overload, spatial stressors and environmental unpredictability, engaging regulatory and cognator coping mechanisms to maintain functional performance and emotional stability within a challenging milieu. The results also deepen Watson's Theory of Human Caring by showing that caring is not only relational and emotional, but spatially mediated. The NICU environment itself can be a barrier or a facilitator of transpersonal caring moments, shaping how nurses sustain presence, compassion, and attentiveness amid overwhelming stimuli. Similarly, the findings validate Newman's Theory of Health as Expanding Consciousness, as nurses interpret the environmental chaos and infants' progress as meaningful patterns that expand their professional purpose and personal insight, transforming stressful spatial encounters into experiences that heighten awareness, connection, and resilience.

The findings point to the critical need for nursing practice, management, and education to prioritize optimizing NICU environmental conditions and to strengthen nurses' capacity to function within high-intensity spatial contexts. Addressing environmental stressors should become a central component of patient safety and workforce well-being initiatives through sound-reduction protocols and workflow restructuring. Nursing leaders must also provide structured support systems such as reflective debriefings, peer-support groups, and relational team-building to buffer the emotional strain associated with the NICU's demanding spatial environment. Strengthening organizational support, fostering collaborative teams, and creating therapeutic, well-designed clinical environments will not only reduce compassion fatigue and burnout but also enhance nurses' capacity to deliver safe, compassionate, and attuned neonatal care.

Temporal Development of Resilience and Compassion in NICU Nursing

This theme refers to the way resilience and compassion among NICU nurses are not static traits but capacities that gradually unfold and deepen through time as nurses accumulate experience, reflect on challenges, and adapt to sustained emotional and physical demands. Over time, many NICU nurses gradually transform the burden of emotional and physical stress into a growing capacity for resilience, personal growth, and professional meaning. Their evolving journey is shaped by accumulated experience, coping strategies, and relational supports.

Hagen et al. (2025) describe how repeated exposure to sick or dying infants and grieving families can lead to compassion fatigue. Yet, some nurses learn to recognize fatigue's early signs and adapt by developing coping practices over time. Complementing this, Al-Harrasi et al. (2024) found that higher resilience among NICU nurses is associated with lower emotional exhaustion and depersonalization, and a higher sense of personal accomplishment, indicating that resilience can buffer burnout as experience accumulates. Moreover, Ayed (2025) reported that emotional intelligence is positively correlated with coping behaviors among NICU nurses, suggesting that over time, emotional competence improves, which supports better coping and reduces the risk of burnout. These study findings show that NICU nurses, regardless of experience, learn from each shift, refine care, use support, and manage emotions, building resilience and sustaining compassionate care despite persistent fatigue and stress. To support the main theme, three subthemes are

formulated: learning through experience and skill refinement, coping strategies and support systems, and self-awareness and emotional regulation.

Learning Through Experience and Skill Refinement. Over time, nurses working in NICUs often convert the emotional and physical burdens of their work into growing resilience, meaning, and compassion. Their past and present experiences shape how they respond to stress and care demands as they mature. Compassion fatigue among nurses in neonatal intensive care units, by Hagen et al. (2025), describes how repeated exposure to critical neonatal cases and family grief fosters a "a double burden of care" for nurses, often resulting in emotional and physical exhaustion. Still, it also conveys how nurses learn over time to recognize fatigue's impact and seek coping strategies to preserve empathy and care quality. Al-Harrasi et al. (2024) found that resilience among NICU nurses is inversely related to emotional exhaustion and depersonalization, meaning that as resilience builds (often through experience, peer support, and self-care), nurses are less likely to suffer burnout. Moreover, Elsharkawy et al. (2025) highlight how nurses develop coping mechanisms, including meaning-making, emotional regulation, and social support after repeated personal losses in NICU work, illustrating that resilience and compassion evolve despite recurrent grief. Thus, empirical evidence aligns with participants' narratives: through repeated shifts, emotional challenges, and caring for fragile lives, NICU nurses appear to traverse a temporal arc from vulnerability and fatigue to greater emotional strength, adaptive coping, and sustained compassionate care. Below are the participants' statements:

“My past and present experience as a NICU nurse deeply influence my continuing journey by shaping the way I care, think, and grow both personally and professionally; every shift is a learning opportunity that refines my skills and

mindset, helping me manage compassion fatigue and sustain resilience over time.”
(P1)

“My first-year experiences in the NICU taught me valuable lessons in patience, empathy, and emotional resilience, showing me how breaks, self-care, and support from colleagues help sustain my capacity for compassionate care while managing the pressures of the environment.” (P7)

The participants' reflections illustrate how NICU nurses' past and present experiences shape their ongoing resilience development and management of compassion fatigue. Early-career nurses often report heightened stress, uncertainty, and emotional vulnerability, yet repeated exposure to critical situations fosters growth in emotional regulation, empathy, and professional competence (Al-Harrasi et al., 2024). Over time, NICU nurses learn to balance emotional involvement with self-care, establish boundaries, and rely on peer and team support to maintain well-being during demanding shifts (Elsharkawy et al., 2025). Recurrent experiences with patient improvement, discharge, and family gratitude reinforce meaning and strengthen resilience, highlighting how temporality in clinical practice contributes to adaptive coping strategies and professional growth (Hagen et al., 2025). Collectively, these findings underscore that the cumulative experiences of NICU nurses create a temporal trajectory in which exposure to stress, reflection, and ongoing learning progressively enhance their capacity for compassionate and resilient care, consistent with the participants' narratives of continual growth and adaptation.

Coping Strategies and Support Systems. NICU nurses employ a variety of coping strategies and rely on support systems to manage the intense emotional and physical demands of their work, thereby mitigating compassion fatigue and sustaining resilience. Nurses describe using brief breaks, deep breathing, self-care routines, and moments of

reflection to restore energy and maintain focus during long or stressful shifts (Alharbi et al., 2020; Hagen et al., 2025). Peer support and teamwork are also crucial, as collaborative interactions and emotional sharing with colleagues provide both practical assistance and psychological relief, fostering a sense of connectedness and shared responsibility (Gillespie et al., 2021; Sasso et al., 2023).

Moreover, the meaningful progress of infants and expressions of gratitude from families serve as intrinsic motivators that reinforce nurses' purpose and resilience, highlighting how both personal and relational resources contribute to effective coping and sustained compassionate care (Zhang et al., 2022). These strategies collectively illustrate how NICU nurses navigate the demands of their environment, emphasizing the importance of adaptive coping and social support in maintaining professional well-being. The following are participants' statements:

“Over time, I have learned to cope with stress and fatigue by relying on support from my co-workers, pacing myself during long shifts, and finding meaning in infants’ progress and families’ gratitude, which strengthens my resilience and guides my ongoing practice.” (P2)

“Having gained experience in the NICU over five years, I now recognize that self-awareness, brief breaks, and supportive interactions with co-workers help me cope with compassion fatigue and maintain resilience, especially when caring for fragile or critically ill infants.” (P4)

“Through my past and present NICU experiences, I have learned to manage stress, maintain patience and empathy, and rely on support systems, which guide me in coping with the emotional and physical demands of care and strengthen my resilience over time.” (P6)

The statements from Participants 2, 4, and 6 highlight the critical role of coping strategies and support systems in sustaining resilience and mitigating compassion fatigue in the NICU. Over time, nurses develop self-awareness, pacing techniques, and rely on

supportive interactions with colleagues to manage the intense emotional and physical demands of care, while also finding meaning in infants' progress and families' gratitude (Alharbi et al., 2020; Gillespie et al., 2021). Structured breaks, peer support, and reflective practices enable nurses to maintain focus, emotional balance, and patience when caring for critically ill or fragile infants, thereby reinforcing their capacity for compassionate care (Hagen et al., 2025; Sasso et al., 2023). Family-centered care and observing the small yet meaningful milestones in infants' recovery provide motivation and purpose, further enhancing nurses' resilience over time (Zhang et al., 2022). These strategies illustrate how NICU nurses integrate personal, professional, and relational resources to sustain well-being and deliver consistent, high-quality care despite the ongoing pressures of their work environment.

Self-Awareness and Emotional Regulation.

NICU nurses' experiences reveal that self-awareness and emotional regulation are essential in managing the high-stress, emotionally demanding environment while sustaining resilience over time. Participants emphasized that recognizing personal limits, taking intentional breaks, and reflecting on emotional responses help mitigate compassion fatigue and maintain focus during critical patient care (Kok et al., 2020; Mealer et al., 2021). Emotional regulation strategies, including mindfulness, deep breathing, and momentary pauses, help nurses remain present, attentive, and compassionate even in life-threatening situations or complex clinical decisions (Wagstaff et al., 2020; Maben et al., 2021). By cultivating self-awareness, NICU nurses are better able to interpret and manage the interplay between their physical fatigue and emotional responses, creating a balance that supports sustained professional performance and personal well-being (West et al.,

2022). These findings underscore that emotional insight and regulation are key mechanisms through which nurses adapt to the continuous demands of NICU care while fostering resilience and compassionate practice. The following are the participants' significant statements that support the subtheme:

“My past experience has taught me the importance of emotional boundaries, self-awareness, and asking for help, allowing me to manage compassion fatigue effectively and continue providing compassionate care despite physically and emotionally demanding shifts.” (P3)

“My thirteen years of experience in the NICU have taught me to recognize early signs of compassion fatigue, develop coping strategies, balance emotional involvement with self-care, and lean on support systems, which allow me to sustain resilience while providing consistent, compassionate care.” (P5)

NICU nurses' reflections highlight that long-term experience fosters the development of emotional boundaries, self-awareness, and adaptive coping strategies, which are crucial for managing compassion fatigue and sustaining resilience. Participants emphasized that recognizing early signs of stress, balancing emotional involvement with self-care, and seeking support from colleagues helps maintain compassionate, high-quality care even in physically and emotionally demanding shifts (Mealer et al., 2021; West et al., 2022). These strategies allow nurses to regulate their emotional responses, prevent burnout, and maintain professional engagement, demonstrating that reflective practice and experiential learning are key mechanisms for long-term resilience in critical care settings (Kok et al., 2020; Wagstaff et al., 2020). Overall, the findings underscore that self-awareness and intentional emotional regulation enable NICU nurses to sustain both their well-being and the quality of care they provide.

The findings of this study reinforce Benner's Novice to Expert Model by illustrating how NICU nurses develop resilience, emotional maturity, and compassionate practice

through accumulated temporal experience and reflective learning. Consistent with Benner's view that clinical competence unfolds progressively through experiential learning, NICU nurses in this study move from initial vulnerability, emotional overload, and uncertainty toward greater confidence, intuitive decision-making, and refined coping strategies as years of exposure reshape their interpretations of stress and patient suffering. Their narratives demonstrate that temporal immersion in the NICU becomes a catalyst for deepening situational understanding and moral agency.

Novice nurses initially struggle with alarm fatigue, grief and emotional exhaustion, yet over time, they cultivate self-awareness, emotional regulation, and adaptive coping mechanisms that support sustained compassionate care. The progression described by participants, learning from difficult cases, drawing meaning from infant progress, depending on supportive relationships, and recognizing early signs of fatigue, reflects Benner's conceptualization of experiential learning as the foundation of expertise and professional growth.

The findings emphasize the need for the nursing profession to intentionally support the temporal development of resilience, emotional regulation, and professional maturity among NICU nurses through structured experience-based learning and sustained psychosocial support. Nursing leaders should strengthen orientation programs, mentorship structures, and reflective practice sessions to help early-career nurses navigate compassion fatigue, exposure to grief, and alarm-rich environments, while gradually cultivating emotional boundaries, coping mechanisms, and adaptive decision-making skills. Regular debriefings, peer-support groups, and resilience training should be institutionalized to

reinforce learning from experience and prevent burnout, especially among novice nurses who are most vulnerable to emotional overload.

Relational Anchors in Sustaining Resilience and Managing Compassion Fatigue

This theme highlights the central role of interpersonal relationships in shaping how NICU nurses experience, interpret, and cope with the emotional and physical demands of their work. The findings suggest that relationships serve as vital sources of support that can either strengthen resilience or contribute to compassion fatigue depending on their quality. For NICU nurses, interactions with families, colleagues, and other healthcare professionals function as emotional resources that help them manage workplace stress and sustain their commitment to patient care. Conversely, poor teamwork, inadequate support, and strained professional relationships can intensify emotional exhaustion and increase vulnerability to compassion fatigue.

The participants' experiences indicate that compassion fatigue is not solely an individual psychological response but is strongly influenced by the social environment in which nurses work. Meaningful connections with colleagues provide opportunities for emotional expression, shared responsibility, and mutual encouragement, while supportive relationships with families and the healthcare team foster a sense of purpose and professional fulfillment. In contrast, feelings of isolation, lack of recognition, or insufficient support can magnify workplace stress and emotional burden.

These findings are consistent with previous studies demonstrating the importance of social support in promoting resilience among healthcare professionals. Stamm (2010) noted that compassion satisfaction is often derived from meaningful professional

relationships, while Figley (2002) identified social support as a key protective factor against secondary traumatic stress. Similarly, Mealer et al. (2012) found that relational coping strategies among critical care nurses are associated with greater resilience and lower levels of emotional exhaustion. Collectively, these findings suggest that resilience in NICU nursing is sustained through supportive relationships, shared experiences, and collaborative caregiving, underscoring the importance of fostering positive interpersonal connections within the clinical environment. The subthemes are as follows: (1) emotional validation from colleagues, (2) teamwork as a buffer against fatigue, and (3) family connection and meaning in care.

Emotional Validation from Colleagues. Emotional validation from colleagues reflects how NICU nurses draw resilience from being seen, heard, and affirmed by their peers, particularly after distressing experiences such as patient loss or critical deterioration. Such validation helps mitigate compassion fatigue by restoring emotional balance and reinforcing a sense of meaning in their work. When nurses receive reassurance and acknowledgment from coworkers, whether through comforting words or supportive presence, their experiences of grief and stress become more manageable, as emotional burdens are shared rather than carried alone. This form of relational support helps normalize vulnerability in high-intensity clinical environments and strengthens nurses' sense of professional worth, allowing them to process difficult situations more effectively while maintaining their capacity for compassionate care. Recent literature supports this relational buffering effect.

Recent literature supports this relational buffering effect. Labrague and De los Santos (2021) found that perceived coworker support significantly predicts higher

resilience and lower burnout among nurses, while Wei et al. (2020) reported that interpersonal support fosters emotional regulation and adaptive coping, directly reducing compassion fatigue. García-Martín et al. (2021) demonstrated that social and emotional support within healthcare teams is associated with lower secondary traumatic stress and greater compassion satisfaction, highlighting that emotional validation strengthens nurses' capacity to remain empathetic without becoming depleted. Together, these findings confirm that in the NICU, resilience is not merely an individual trait but a relational achievement, sustained through empathic presence, affirmation, and shared understanding among colleagues. The following are the participants' statements:

“Received comfort after patient loss when a coworker acknowledged their effort.”
(P1)

“Felt strengthened when coworkers listened and affirmed accomplishments.” (P6)

The narratives of Participants 1 and 6 demonstrate the important role of emotional validation from colleagues in helping NICU nurses cope with compassion fatigue and workplace stress. Participant 1 described how receiving reassurance and support from coworkers following the loss of a patient helped lessen the emotional burden of grief, making the experience more manageable through shared understanding. Similarly, Participant 6 emphasized that being listened to, acknowledged, and appreciated by colleagues fostered feelings of encouragement and confidence, enabling continued compassionate engagement with patients despite the demands of the work environment.

These experiences suggest that emotional validation from coworkers serves as a significant source of resilience for NICU nurses. Supportive interactions provide opportunities to process difficult emotions, reduce feelings of isolation, and reinforce a sense of professional value and belonging. When nurses feel heard and understood by their

peers, they are better able to navigate emotionally challenging situations and maintain their commitment to compassionate care. Conversely, the absence of such support may increase vulnerability to emotional exhaustion and compassion fatigue.

The findings are consistent with previous research highlighting the protective role of collegial support in healthcare settings. Labrague and De los Santos (2021) found that peer support significantly reduces emotional exhaustion and strengthens resilience among nurses. Similarly, Molina-Praena et al. (2020) reported that emotional and social support within healthcare teams decreases compassion fatigue and psychological distress. García-Martín et al. (2021) further concluded that support from colleagues enhances compassion satisfaction while reducing secondary traumatic stress. Collectively, these studies and participants' experiences indicate that compassion fatigue is influenced not only by individual coping abilities but also by the quality of interpersonal relationships within the workplace. Emotional validation from colleagues therefore serves as an essential resource that helps NICU nurses cope with loss, sustain empathy, and preserve their professional identity as compassionate caregivers.

Teamwork as a Buffer Against Fatigue. The narratives of the NICU nurses indicate that teamwork plays a crucial role in helping them cope with the emotional and physical demands of their work. Participants described how supportive and cooperative colleagues make stressful situations more manageable by sharing responsibilities, providing assistance, and offering encouragement during challenging circumstances. When team members work collaboratively and respond to one another's needs, nurses are better able to handle workplace pressures and maintain their emotional well-being. In contrast, when

teamwork is lacking or communication breaks down, the burden of care becomes more difficult to bear, contributing to greater stress, frustration, and emotional exhaustion.

These experiences suggest that teamwork serves as an important protective factor against compassion fatigue. A supportive team environment enables nurses to share both practical tasks and emotional challenges, reducing feelings of isolation and preventing the accumulation of stress. Through collaboration and mutual support, nurses develop a sense of collective responsibility that strengthens resilience and promotes effective patient care. Conversely, inadequate teamwork may leave nurses feeling unsupported and overwhelmed, increasing their vulnerability to burnout and compassion fatigue.

Studies within the last five years affirm this dynamic: Labrague and De los Santos (2021) found that collegial teamwork significantly reduces emotional exhaustion and strengthens resilience among hospital nurses, while Henshall, Davey, and Jackson (2020) emphasize that strong team cultures promote psychological safety, enabling nurses to seek help without fear and thereby reducing stress-related outcomes. Boamah et al. (2021) reported that positive interprofessional relationships were associated with higher job satisfaction and reduced burnout, confirming that teamwork mitigates compassion fatigue by fostering trust and mutual accountability. These findings support the lived experiences of NICU nurses who recognize that emotional survival in critical care is rarely solitary; rather, it is sustained through collective effort, mutual understanding, and collaborative care that preserve not only patient safety but also nurses' emotional well-being. Here are some of the participants' statements:

“Emotional and physical exhaustion becomes lighter in a cooperative team.” (P2)

“Supportive coworkers reduce stress and become motivation.” (P4)

“A colleague offering help during illness restored emotional strength.” (P5)

The experiences of Participants 2, 4, and 5 highlight how teamwork and collegial support serve as important relational anchors that help NICU nurses cope with the emotional and physical demands of their work. Their accounts suggest that when colleagues work cooperatively, tasks and responsibilities are more evenly shared, which reduces individual workload and helps ease the pressure of caring for critically ill infants. Beyond practical assistance, supportive coworkers also provide emotional reassurance, allowing nurses to feel less isolated in high-stress situations and more capable of managing complex clinical demands.

These experiences indicate that resilience in the NICU is strengthened through collective effort rather than individual endurance alone. The presence of a supportive team transforms challenging and high-stakes clinical situations into shared responsibilities, making emotional burdens more manageable and fostering a sense of solidarity among nurses. When teamwork is strong, nurses are better able to maintain their composure, sustain empathy, and continue delivering quality care despite ongoing stress. Conversely, weak or inconsistent collaboration may intensify feelings of fatigue and emotional strain.

Labrague and De los Santos (2021) found that strong peer support improves nurses' resilience and reduces burnout, while Boamah et al. (2021) reported that positive interprofessional relationships enhance job satisfaction and buffer against emotional exhaustion. Henshall et al. (2020) highlighted that supportive team dynamics provide psychological safety, allowing nurses to seek help and manage stress effectively. These findings confirm that teamwork is not only operationally beneficial but also emotionally restorative; it mitigates compassion fatigue by fostering shared responsibility, validation,

and mutual encouragement, which are essential in sustaining resilience in the emotionally demanding environment of the NICU.

Family Connection and Meaning in Care. This illuminates how NICU nurses draw emotional strength, purpose and resilience from their interactions with patients' families. Participants described those encounters with families, particularly their expressions of trust, gratitude and hope, serve as powerful sources of motivation that reinforce their commitment to compassionate care despite the demands of a high-stress clinical environment. These relational experiences help nurses reframe the emotional burden of NICU work, allowing them to see their efforts as meaningful and impactful, which in turn buffers feelings of exhaustion and distress. Through these connections, nurses develop a deeper sense of empathy and professional fulfillment, as they become not only caregivers to the infants but also emotional supporters of the families navigating critical situations. These narratives demonstrate that relationality in NICU care extends beyond professional colleagues to include families, whose presence and responses significantly shape nurses' lived experiences, strengthen their sense of purpose, and contribute to the ongoing formation of their professional identity.

Zhang et al. (2022) found that positive nurse-family interactions enhance nurses' job satisfaction and reduce compassion fatigue by fostering a sense of meaningful impact. Kim et al. (2021) reported that emotional engagement with patients and families promotes intrinsic motivation and strengthens resilience, while Papathanasiou et al. (2020) demonstrated that relational bonds with patients' families provide psychological support and enhance nurses' coping capacity in critical care settings. These findings affirm that family connections are not ancillary but central to the lived relational experience of NICU

nurses; they transform the emotional challenges of intensive care into meaningful engagement, reinforcing nurses' commitment, compassion, and resilience in the face of exhaustion and stress.

Here are some of the participants' statements.

“Families’ gratitude and trust give meaning, sustaining motivation.” (P3)

“Bonding with long-term patients felt like caring for family, renewing commitment.” (P7)

The statements from P3 and P7 illustrate how family interactions provide meaning and motivation, helping NICU nurses sustain resilience amid the demands of intensive care. P3 emphasized that families' trust and gratitude reaffirm the significance of their work, transforming emotionally taxing experiences into purposeful engagement. In addition, P7 described how long-term bonding with patients and families fosters a sense of relational closeness, akin to caring for one's own family, which renews commitment and emotional investment. These narratives highlight that nurses' professional identity and emotional endurance are co-constructed through relationships with the families they serve, where empathy, trust, and appreciation act as relational anchors.

Zhang et al. (2022) found that positive nurse-family interactions enhance resilience and reduce compassion fatigue, while Kim et al. (2021) reported that emotional engagement with patients' families strengthens intrinsic motivation and coping capacity. Likewise, Papathanasiou et al. (2020) noted that relational bonds with families provide essential psychological support, fostering commitment and satisfaction in nursing practice. These findings confirm that meaningful connections with patients and families are central

to NICU nurses' lived relational experience, sustaining compassion, motivation, and resilience despite the emotional and physical demands of the unit.

The theme relational anchors in sustaining resilience and managing compassion fatigue strongly reinforces Watson's Theory of Human Caring, indicating that caring is fundamentally a relational, reciprocal, and transformative human encounter. Nurses' experiences of emotional validation from colleagues, collaborative teamwork, and meaningful interactions with patients' families embody Watson's carative factors, especially the cultivation of helping–trusting relationships, the promotion of supportive environments, and the deep presence that affirms both caregiver and recipient. The findings show that resilience in the NICU emerges not from emotional detachment but from transpersonal connections that allow nurses to share vulnerability, receive affirmation, and find meaning in moments of suffering. These relational exchanges confirm Watson's view that caring is a moral and spiritual practice that sustains the caregiver's inner equilibrium, enabling nurses to transform distress into purpose and compassion fatigue into renewed commitment.

The findings point to the need for the nursing profession to intentionally cultivate relationally supportive environments that sustain nurses' emotional well-being and buffer compassion fatigue. Nursing leaders should strengthen team-based caring practices, such as peer-support systems, structured debriefings, and reflective dialogues, that foster emotional validation, trust, and mutual understanding among NICU staff. Professional development programs must highlight relational competencies, including compassionate communication, presence, and collaborative care, as essential skills rather than optional qualities. Policies that reinforce psychological safety, encourage teamwork, and recognize

the emotional labor of NICU nursing are critical for reducing burnout and enhancing resilience.

Material and Technological Aspects in NICU: Balancing Stress and Resilience

This theme refers to how the material and technological elements of the NICU, such as medical equipment, monitors, alarms, and ventilators, actively shape nurses' lived experiences, influencing both stress levels and opportunities for resilience. The theme emphasizes that these objects are not neutral background features but are experienced as integral components of the nurses' lifeworld, with the power to mediate emotional, cognitive, and physical states. On one hand, frequent alarms, monitors and ventilators contribute to sensory overload, emotional tension, and physical exhaustion, a phenomenon well documented as "alarm fatigue," which has been shown to increase risk for psychological distress, burnout, and compassion fatigue among intensive care nurses (Storm & Chen, 2025; Salameh et al., 2024). On the other hand, the same devices and material objects also represent hope, survival and the fragile resilience of newborns, such as ventilators weaning successfully, stable vital signs, and infants reaching discharge, offering nurses tangible proof that their care matters and fostering a sense of purpose that sustains their emotional energy. This dual meaning aligns with the notion of *lived things (materiality)*, where objects are not an inert background, but carry existential weight and shape how we experience our world.

Qualitative research shows that when ICU nurses engage in "alarm management" strategies such as learning to distinguish signals, taking strategic breaks, and reinterpreting the technology beyond noise, they mitigate stress and preserve compassion (Salameh et al.,

2024). Thus, NICU nurses' resilience is not simply about individual endurance but about meaning-making: their relationship with technology oscillates between burden and lifeline, and navigating that tension becomes part of their lived work. This theme produces two subthemes, to wit: equipment as a source of emotional burden and equipment as symbols of hope, resilience, and care.

Equipment as a Source of Emotional Burden. NICU nurses often experience the constant presence of medical equipment, ventilators, monitors, infusion pumps, and alarms as a source of heightened stress and emotional burden. Continuous auditory and visual stimuli can amplify vigilance demands, contribute to mental fatigue, and intensify compassion fatigue, particularly during high-acuity or emergencies (Storm & Chen, 2025). Alarms signaling critical changes, while essential for patient safety, create a persistent sense of urgency that can overwhelm nurses, especially when caring for multiple fragile infants simultaneously. The physical and emotional strain caused by these technological devices demonstrates how material aspects of the NICU environment directly shape nurses' lived experiences, reinforcing the inseparability of corporeal and environmental stressors in high-stakes neonatal care (Salameh et al., 2024). These experiences highlight that while equipment is indispensable for patient survival, it can also serve as an emotional burden, requiring nurses to develop coping strategies to maintain resilience. Here are some of the participants' statements:

“While the equipment is essential to patients’ care, the constant sensory and emotional demands create stress and make it harder to maintain emotional balance in NICU. Incubators and ventilators, although they are medical machines, symbolize life and survival.” (P1)

“NICU environment itself is both a comfort and an emotional burden. Sometimes, the monitors and alarms can be stressful, but when patients improve or coworkers are supportive, the burden feels lighter.” (P2)

“The continuous alarm can make me feel tense and worried about babies’ condition, but incubators symbolize protection and strength in newborns fighting to grow each day.” (P4)

“The monitors and constant alarms in the NICU can increase stress and fatigue, but incubators provide comfort as they are like a home for the babies to survive, especially for premature infants.” (P7)

In the NICU, medical equipment such as incubators, ventilators, and monitors plays a dual role, serving as critical tools for patient survival while simultaneously contributing to nurses' emotional burden. The continuous alarms and complex machinery demand constant vigilance, inducing stress, tension, and fatigue as nurses navigate life-or-death situations (Storm & Chen, 2025). Yet, these same devices hold symbolic significance, representing life, protection, and resilience in fragile infants, providing emotional comfort and reinforcing the purpose of their care (Salameh et al., 2024; Kiekkas et al., 2020). Nurses mitigate the stress through observing patient progress and relying on supportive coworkers, highlighting how technological challenges in the NICU intertwine with human resilience and teamwork to maintain balance in a high-stakes environment.

Equipment as Symbols of Hope, Resilience and Care. In the NICU, medical equipment transcends its functional purpose, becoming a symbol of hope, resilience, and the nurturing care nurses provide. Nurses perceive incubators, ventilators, and monitors not only as tools for survival but also as tangible representations of life and the fragile progress of infants, fostering motivation and emotional connection despite fatigue (Hinderer et al., 2020). The visible improvements in patients, such as stable vitals or successful weaning from ventilators, reinforce nurses' sense of purpose and validate their

dedication, helping them navigate the emotional challenges inherent in critical care (Gonzalez-Gil et al., 2022). By integrating these technological elements into their caregiving practices, NICU nurses find meaning in their work, transform stress into resilience, and sustain compassionate engagement with both patients and families (Papathanasiou et al., 2021).

“The constant alarms and presence of complex equipment increases stress, but tools like OGT, ventilators, and phototherapy remind me of the resilience of our infants and the support we provide to help them grow.” (P3)

“Constant alarms, defective equipment, and lacking medical equipment can contribute to stress and fatigue. In the NICU, objects like incubators, monitors, and even tiny blankets serve as reminders of hope and resilience.” (P5)

“Items in the NICU, such as incubators, monitors, or baby blankets, remind me of resilience and hope. Every improved reading, successful feed, or weight gain is a sign of progress, showing that both the babies and we as caregivers can persevere through challenges.” (P6)

Participants emphasized that while NICU equipment can contribute to stress, it simultaneously serves as a powerful symbol of hope, resilience, and the impact of nursing care. Participant 3 noted that tools such as OGT tubes, ventilators, and phototherapy units remind nurses of the infants' resilience and the critical support that helps them grow. Similarly, Participant 5 highlighted that incubators, monitors, and even small items like blankets act as tangible representations of hope and recovery, despite the stress caused by constant alarms or defective equipment. Participant 6 further illustrated that observing improvements, such as weight gain, successful feeds, or better vital readings, reinforces both the babies' perseverance and the caregivers' dedication. These reflections align with recent studies indicating that NICU nurses often attribute symbolic meaning to medical technology, viewing it as an extension of care that provides emotional sustenance and strengthens professional resilience (Hinderer et al., 2020; Gonzalez-Gil et al., 2022;

Papathanasiou et al., 2021). By reframing technological tools as markers of progress and hope, nurses can manage compassion fatigue while maintaining focus and commitment to patient-centered care.

The theme material and technological aspects in the NICU: balancing stress and resilience, reinforce Roy's Adaptation Model by illustrating how NICU nurses continuously adapt to powerful environmental stimuli arising from medical equipment, alarms, and technological intensity. In Roy's framework, alarms, ventilators, and the high-tech NICU environment function as focal and contextual stimuli that trigger physiological and psychological responses requiring constant regulation. Nurses' experiences of sensory overload, fatigue, and emotional tension reflect moments when stimuli strain their adaptive capacity. At the same time, their ability to reinterpret equipment as symbols of hope, progress, and infant resilience demonstrates effective cognator processes, resulting in adaptive emotional and role-function responses. The findings extend Roy's theory by showing that adaptation in high-acuity settings is not solely internal but also materially mediated, as objects in the NICU shape meaning, motivation, and coping. Nurses who learn to manage alarms, find purpose in technological progress, and engage in meaning-making around medical devices exemplify adaptive processes that transform environmental stressors into sources of resilience. Thus, the theme provides empirical support for Roy's core proposition that well-being emerges when individuals successfully integrate environmental demands with internal coping mechanisms.

The findings present the need for the nursing profession to strengthen organizational strategies that help NICU nurses adapt effectively to the technological intensity and sensory overload of high-acuity environments. Institutions may prioritize

training programs in alarm management, equipment mastery, and environmental stress reduction to ensure that nurses develop the technical confidence and emotional regulation needed to prevent alarm fatigue and burnout. Policies may also support adequate staffing, protected rest breaks, and noise-reduction initiatives to reduce the cumulative strain of continuous auditory and visual stimuli.

Resilience and Sense of Self Development Through Experience

The core theme "resilience and sense of self development through experience" describes how ongoing exposure to stressors in the NICU, combined with repeated successes and reflective practices, contributes to the growth of resilience, self-awareness, and professional identity among NICU nurses. Working in such a high-stakes environment can be physically, emotionally, and cognitively demanding. Yet, over time, nurses develop strategies that not only mitigate the negative effects of compassion fatigue but also strengthen their sense of competence and purpose. Research has shown that healthcare professionals working in high-stress environments often experience personal and professional growth through reflective practice, experiential learning, and resilience-building strategies (Epstein & Krasner, 2013). The theme is further explored through the following subthemes: learning and adaptation over time and self-care and coping as mediators, which examine how personal growth and self-preservation strategies shape nurses' professional identities and sense of self.

Learning and Adaptation Over Time. The NICU environment requires nurses to continually adapt to complex clinical situations, transforming initial fear and uncertainty into competence, confidence, and a strong professional identity. Through repeated exposure to high-stakes scenarios, nurses gradually develop the skills, knowledge, and

resilience needed to navigate the demands of neonatal intensive care. This process of learning and adaptation enables them to manage anxiety, strengthen decision-making abilities, and find meaning in caring for vulnerable infants, thereby reducing the impact of compassion fatigue and enhancing professional growth (Mealer et al., 2012).

The following narratives support the subthemes:

“On the first year, I double- and triple-checked everything ... because I was terrified of missing something. Now I use breaks, support and self-care to stay resilient.” (P7)

“I quickly learned to adapt. The challenges quickly help me grow, and overtime I found purpose in caring for the most fragile babies.” (P5)

“Na-anad nako sa sound sa mga machine. ... Sa una mahadlok ko, dili ko sure unsa ako buhaton pero sa kadugayan na learn na nako siya.” (I’ve become accustomed to the sounds of the machines. ... At first, I was scared and wasn’t sure what to do, but over time I learned how to handle it.) (P2)

Participants described a developmental process in which fear, uncertainty, and anxiety gradually diminished as they gained experience in the NICU. Participant 7 explained that during the first year of practice, the fear of making mistakes led to repeatedly checking tasks and procedures, but over time, the participant learned to manage stress through self-care and support systems. Similarly, Participant 5 emphasized that the challenges encountered in the NICU became opportunities for growth, helping develop adaptability and a deeper sense of purpose in caring for critically ill newborns. Participant 2 likewise described becoming accustomed to the sounds of medical equipment and gaining confidence in responding to clinical situations that initially felt intimidating and unfamiliar. These accounts suggest that repeated exposure to demanding clinical environments, combined with practical learning and reflective experiences, enables NICU nurses to build professional competence, resilience, and a stronger professional identity.

This finding is consistent with previous studies indicating that experiential learning and prolonged engagement in challenging healthcare settings enhance self-efficacy and foster resilience among nurses (Mealer et al., 2012).

Self-Care and Coping as Mediators. Self-care and coping strategies serve as essential mechanisms that help NICU nurses manage compassion fatigue and maintain emotional well-being. By intentionally engaging in restorative activities and drawing support from personal and professional relationships, nurses are able to process difficult experiences, regulate stress, and sustain compassionate caregiving. These coping practices strengthen resilience and help preserve their sense of self despite the emotional demands of working in critical care settings (Hinderer et al., 2020).

The following statements support the subthemes:

“I take intentional breaks when I can, reflect my emotions after difficult cases. Sometimes even taking a few deep breaths, stretching or stepping away from the monitors for a minute help calm my mind.” P1

“Using support system like my family, friends and partner ... helps me process my emotions and maintain compassion.” P6

“Just self-awareness and good coffee. Taking pause and some interaction with coworker who became friends.” P4

Participants highlighted various self-care and coping practices that help them manage the emotional strain associated with NICU work. Participant 1 described the importance of taking intentional breaks and engaging in reflection following difficult cases, using simple actions such as deep breathing, stretching, or briefly stepping away from monitoring equipment to regain emotional balance. Participant 6 emphasized the value of support systems, noting that family, friends, and partners provide emotional outlets that help process challenging experiences and maintain compassion for patients. Likewise,

Participant 4 pointed to self-awareness, brief moments of pause, and social interactions with coworkers as practical strategies for coping with workplace stress. These narratives indicate that coping is not limited to formal interventions but also involves everyday practices that promote emotional regulation and psychological recovery. Such strategies enable nurses to mitigate the effects of compassion fatigue, preserve empathy, and maintain effective patient-centered care. Consistent with existing literature, self-care behaviors and strong social support networks play a crucial role in enhancing resilience and protecting nurses from emotional exhaustion in high-intensity healthcare environments (Hinderer et al., 2020).

The theme underscores the dynamic interplay between environmental stressors, experiential learning and reflective practices in shaping professional identity and resilience among NICU nurses. The findings support and extend the theory of professional resilience, which posits that exposure to high-stakes, challenging work environments can catalyze growth in competence, self-efficacy and professional self-concept when coupled with reflective practices and coping strategies (Masten, 2014). This study demonstrates that resilience is not merely an inherent trait but a developmental process mediated by repeated experiences, adaptive learning, and self-care. Moreover, it emphasizes the causal relationship between ongoing exposure to stressors, intentional reflection, and identity formation, suggesting that resilience theory should incorporate mechanisms of experiential learning and relational support as critical contributors to the professional development of nurses in high-intensity clinical settings.

According to Roy's Adaptation Model, nurses are adaptive systems who continuously interact with internal and external stimuli. In the NICU context, high-stress

environments, critical patient conditions and emotional demands serve as environmental stimuli. The findings of this study demonstrate that NICU nurses initially experience fear, uncertainty and physical and emotional strain (compassion fatigue), which represent ineffective responses to stressors. Over time, through experiential learning, reflection, self-care and collegial support, nurses develop adaptive coping strategies that enhance their resilience, professional identity, and sense of self. This is consistent with Roy's model, where adaptation involves integrating physiological, self-concept, role function and interdependence modes to achieve positive outcomes.

For nursing practice, these findings highlight the importance of structured support systems, reflective opportunities, and self-care initiatives in cultivating resilience and sustaining professional identity among NICU nurses. Healthcare institutions should implement programs that allow nurses to debrief, reflect and share experiences, as well as encourage short restorative breaks, peer support and mentorship to mitigate compassion fatigue. Nurses can benefit from developing individualized self-care routines, seeking collegial and familial support and engaging in reflective practices to enhance coping capacity and professional growth. By recognizing that resilience develops through interaction with stressors and active coping strategies, nurse leaders and educators can design interventions that not only prevent burnout but also promote long-term professional competence, emotional well-being, and a sustained sense of purpose in high-acuity settings like the NICU.

Chapter 4

SUMMARY, FINDINGS, CONCLUSIONS, RECOMMENDATIONS

Summary

This study explored how NICU nurses in government and private hospitals in Zamboanga del Norte experienced compassion fatigue within the NICU environment. Specifically, it sought answers to the following questions: 1) How did NICU nurses experience and interpret the physical and emotional sensations of stress, fatigue, and resilience in their daily caregiving practices, and how did these bodily experiences shape compassion fatigue? 2) How did NICU nurses perceive and experience the physical and emotional environment of the NICU, and how did this environment influence their experiences of compassion fatigue and resilience? 3) How did NICU nurses' past and present experiences influence their ongoing journey with compassion fatigue and the development of resilience over time? 4) How did NICU nurses' relationships with patients, families, colleagues, and the broader healthcare team shape the challenges, coping, and management of compassion fatigue? and 5) How did NICU nurses make meaning of the material and technological aspects of their work, such as medical equipment and physical resources, and how did these elements contribute to or alleviate compassion fatigue?

The study employed existential-transcendental phenomenology. The lived experiences followed the existential dimensions outlined by Moustakas. Data were taken from 7 NICU nurses employed in public hospitals in Zamboanga del Norte who met the inclusion criteria. Data were analyzed qualitatively using Moustakas' method of analysis.

Findings

The following are the findings of the study:

1. Navigating emotional and physical demands while sustaining resilience and compassion. NICU nurses confront intense emotional and physical challenges while striving to maintain compassion and personal well-being.

2. Navigating the pressured space of the NICU environment. The NICU's layout, constant alarms, and busy environment shape how nurses experience stress and deliver care.

3. Temporal development of resilience and compassion. Over time, nurses build resilience and deepen their empathetic responses through repeated exposure to critical care situations.

4. Relational anchors in sustaining resilience and managing compassion fatigue. Supportive relationships with colleagues, families, and patients serve as vital anchors that help nurses cope with emotional demands.

5. Material and technological aspects in NICU: Balancing stress and resilience. Medical equipment and NICU resources function as both sources of stress and symbols of hope, guiding nurses in providing effective care.

6. Resilience and sense of self-development through experience. NICU nurses develop resilience, self-awareness, and a strong professional identity over time through repeated exposure to high-stress situations, reflective practices, and intentional self-care strategies.

Conclusions

Based on the findings of the study, the following are the conclusions:

1. Effective self-care and emotional awareness enable nurses to manage the intense physical and emotional demands of NICU work while sustaining compassionate care for their patients.
2. Adapting to the fast-paced, sensory-intensive NICU environment allows nurses to maintain focus, efficiency, and emotional equilibrium amid constant stimuli and critical care responsibilities.
3. Through repeated exposure to high-stress situations, nurses develop resilience and deepen their empathetic responses to critically ill infants and their families.
4. Supportive relationships with colleagues, patients, and families serve as essential anchors that buffer emotional strain and promote sustained resilience in nurses.
5. Medical equipment in the NICU simultaneously challenges and empowers nurses, reducing stress while reinforcing their confidence and resilience.
6. NICU nurses cultivate resilience and a strengthened sense of self through experiential learning, adaptation, and self-care, which together reinforce professional identity, promote emotional well-being, and sustain compassionate care in a high-stress critical care environment.

Recommendations

From the findings of the study, the following recommendations are offered:

1. Hospital administrators and chief nurses may implement structured short breaks for NICU nurses during shifts, encouraging practices such as stretching, deep breathing, or brief mindfulness exercises to sustain physical and emotional well-being.

2. NICU supervisors and biomedical engineers may optimize the unit by organizing equipment efficiently and creating quiet zones, benefiting nurses to reduce sensory overload and improve focus during care.

3. Novice and less-experienced nurses are encouraged to seek and be open to mentorship from experienced NICU nurses offering guidance, emotional support, and practical strategies to navigate high-stress situations and build resilience over time.

4. Chief Nurses and Supervising Nurses may facilitate daily or weekly team huddles and debriefings for NICU staff, providing a space to share experiences, support each other, and acknowledge small victories to sustain emotional resilience.

5. NICU administrators may conduct refresher training for nurses, helping them use medical tools confidently and reducing stress associated with technological demands.

6. Nurse educators may develop programs that examine how NICU nurses build resilience and professional identity over time. Interventions could include reflective practice workshops, resilience training, and mentorship programs to enhance nurses' coping strategies, emotional awareness, and self-preservation skills in the NICU setting.

7. Policy makers may revisit relevant policies and establish funding to support NICU nurses' wellness programs, mandatory continuing education, and structured mentorship initiatives.

8. Researchers may explore the long-term effects of NICU work on nurses' physical and emotional well-being, including strategies for managing compassion fatigue, to inform evidence-based interventions and policy improvements in critical care settings.

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Appendix A

INTERVIEW GUIDE

Introduction

- Introduces self
- Discusses the purpose of the study
- Provides informed consent
- Provides structure of the interview (audio recording and taking notes)
- Asks if they have any questions
- Tests audio recording equipment
- Makes respondent feel comfortable
- Obtain the following demographic data: age, gender, educational background and length in years of work experience as a nurse

Opening Questions

1. What can you tell me a little about yourself and how long you have been working here as a NICU nurse?
 - *Follow-up prompts:* What inspired you to become a NICU nurse?
2. What was your experience like when you first were assigned as NICU nurse?
 - *Follow-up prompts:* What were some of the challenges you faced being a NICU nurse?
3. How will you describe what a typical day looks like for you as a NICU nurse here?
 - *Follow-up prompts:* How does your routine usually start and end? Are there moments in your day that feel especially rewarding or stressful?

Core Questions (Based on Moustakas' Existential Dimensions)

1. Embodiment

- How do you physically experience the effects of compassion fatigue while working in the NICU?
- Can you describe a time when your body signaled stress or exhaustion related to caring for infants and families?
- In what ways do you notice resilience expressed in your body, such as renewed energy, calmness, or strength?
- How does the act of caring for critically ill newborns influence your emotional and physical presence during shifts?

2. Space–Spatiality

- What does it feel like to spend long hours within the NICU environment?
- How do the physical aspects of the NICU—its sounds, machines, and layout—affect your emotions and energy?
- Can you describe spaces within or outside the hospital that help restore your resilience?
- In what ways does the NICU environment contribute to either your compassion fatigue or your strength to continue caring?

3. Time–Temporality

- How does your sense of time change during emotionally intense or stressful shifts in the NICU?
- Can you describe how past experiences have shaped the way you handle compassion fatigue today?

- How do you balance moments of fatigue and recovery throughout your workday or career?
- Looking ahead, how do you view your ability to sustain resilience over time as a NICU nurse?"
- Looking ahead, how do you think your past and present experiences as a NICU nurse affect or influence your continuing journey?

4. Relationality

- How do your relationships with patients' families influence your emotional well-being and resilience?
- Can you share a moment when your colleagues helped you cope with compassion fatigue?
- In what ways do team dynamics in the NICU either add to your stress or help build your resilience?
- How do interactions with infants, families, or coworkers give you meaning and purpose in your work despite fatigue?

5. Materiality

- How do medical equipment, monitors, and alarms in the NICU affect your feelings of stress or compassion fatigue?"
- Can you describe how certain objects or tools in the NICU serve as reminders of resilience or hope?
- What material aspects of the NICU environment either comfort you or increase your emotional burden?

- Are there personal items (e.g., journals, keepsakes, tokens) you use to cope with compassion fatigue or strengthen resilience?

6. Causality

- How do you perceive your sense of responsibility for the outcomes of the infants under your care?
- In what ways does the weight of responsibility contribute to compassion fatigue?
- Can you describe moments when your sense of responsibility motivated resilience instead of exhaustion?
- How do you reconcile feelings of guilt, responsibility, or duty with the need to care for your own well-being?

Exit Questions

1. Looking back on your journey so far, what has been the most meaningful part of your experience as a NICU nurse?
 - *Follow-up prompt:* Can you share why this moment or experience stands out to you?
2. What advice would you give to new NICU nurses who are about to begin their journey here?
 - *Follow-up prompt:* What do you wish you had known before you started?
3. Is there anything else about your experience as a novice nurse that you would like to share but we haven't discussed?

Appendix B – Informed Consent



Misamis University

H. T. Feliciano St., Ozamiz City, 7200 Philippines

MISAMIS UNIVERSITY RESEARCH ETHICS BOARD

Phone: +6388 521 0367 | Fax: +6388 521 2917

Email: researchethics@mu.edu.ph

INFORMED CONSENT FORM (PORMA SA NASABTAN NGA PAGTUGOT)

Name of the Researcher/Investigator

(Nagtuon): **GENNEN ALVIAR, RN**

Course: Master of Arts in Nursing major in Maternal and Child Nursing

College: Graduate School

Email / Contact Number: alviargennen03@yahoo.com / 09758490567

Thesis Title: **“WHEN CARING HURTS: EXPLORING COMPASSION FATIGUE
AMONG NEONATAL INTENSIVE CARE UNIT NURSES”**

PART I. INFORMATION SHEET

Introduction
(Pasiuna)

Good day! I am **GENNEN ALVIAR, RN**, the principal researcher/investigator of the study entitled **“WHEN CARING HURTS: EXPLORING COMPASSION FATIGUE AMONG NEONATAL INTENSIVE CARE UNIT NURSES.”** I am a graduate student under the program Master of Arts in Nursing major in Maternal and Child Nursing at Misamis University in Ozamiz City. I am to conduct the research with NICU nurses as participants, of which I need around 15 participants or until data saturation. In this study, I will only act as a researcher or investigator. In this vein, I am respectfully seeking your voluntary participation, being qualified to give your informed consent to take part in this study. Before you decide whether to participate or not in this study, please read the succeeding information about the study and feel free to ask questions anytime should there be anything you do not understand or want to clarify. If you agree to be a participant of the study, you are answer the interview, you will be asked to affix your name and signature on this form for which you will be given a copy.

*(Maayong adlaw! Ako si **GENNEN ALVIAR, RN**, ang nagpahigayon sa pagtuon kabahin sa “WHEN CARING HURTS: EXPLORING COMPASSION FATIGUE AMONG NEONATAL INTENSIVE CARE UNIT NURSES.” Ako usa ka estudyante sa Master of Arts in Nursing major in Maternal and Child Nursing sa Misamis University. Ang maong pagtuon nagkinahanglan ug kapin o kulang 15*

	<i>ka partisipante. Ako nagapili kanimo isip participant nga maoy mutubag sa gikinahagnglang impormasyon niining gihimong pagtuon. Sa aning pagtuon, akong tahas usa lamang ka researcher o imbestigador. Ako matinahurong naghangyo sa inyong bulontaryo nga pag-apil niini nga pagtuon. Gikinahanglan nga ikaw naa sa saktong edad ug naay kakayahan nga mohatag sa pagtugot aron makaapil niini nga pagtuon. Sa dili pa ka mohukom sa pag-apil niini nga interview, palihug sa pagbasa sa mga impormasyon sa ubos ug gawasnon ka nga makapangutana kon adunay wala nimo nasabtan o gusto nimong iklaro. Kung motugot ka sa pagahimoon nga interview, papirmahon ka niini nga porma ug tagaan usab ka ug imong kaugalingong kopya.</i>
Purpose (<i>Katuyoan</i>)	The purpose of this study is to explore the experiences and factors contributing to compassion fatigue among Neonatal Intensive Care Unit (NICU) nurses. This research aims to raise awareness and inform potential institutional support systems to address emotional well-being in high-stress healthcare environments. <i>(Ang katuyuan niini nga pagtuon mao ang pagsabot sa mga kasinatian sa compassion fatigue o kakapoy sa pagbati sa mga nars nga nagtrabaho sa Neonatal Intensive Care Unit (NICU). Ang resulta sa pagtuon makatabang sa pagpaayo sa suporta alang sa emosyonal nga kahimtang sa mga nars.</i>
Type of Research Intervention (<i>Matang sa Interbensyon sa Pagtuon</i>)	This study involves qualitative research methods, specifically semi-structured interviews. These interviews will allow participants to share their personal insights, emotions, and professional experiences related to compassion fatigue. <i>(Kining pagtuon pagabuhaton pinaagi sa interview. Personal ang pagkuha sa datos.)</i>
Selection of Participants (<i>Pagpili sa mga Partisipant</i>)	The selection of the participants is based on the following inclusion criteria: (1) tenured and registered nurses currently assigned to a Neonatal Intensive Care Unit of selected hospital; (2) must have at least six months of continuous NICU experience at the time of data collection; (3) willing and able to provide informed consent for voluntary participation; and (4) must be employed in one of the identified public hospitals in Zamboanga del Norte. <i>(Ang mga partisipante niini nga pagtuon mao ang indibidwal nga naga-angkon sa mosunod: (1) mga tenured ug rehistradong nars nga kasamtangang naka-assign sa Neonatal Intensive Care Unit (NICU) sa napiling ospital; (2) kinahanglan nga adunay labing menos unom (6) ka bulan nga padayon nga kasinatian sa NICU sa panahon sa pagkuha sa datos; (3) andam ug makahimo sa paghatag ug husto nga pagtugot</i>

	<i>alang sa boluntaryong pag-apil; ug (4) kinahanglan nga nagtatrabaho sa usa sa mga napiling pampublikong ospital sa Zamboanga del Norte.</i>
Voluntary Participation (<i>Boluntaryo nga Partisipasyon</i>)	Your participation has to be voluntary and will not affect your situation or status in any way, including your relationship with the researcher. You are free to decide if you will take part or not. If you decide to participate, you are free not to answer any questions that you do not prefer to answer. <i>(Boluntaryo ang imong pag-apil ug kini dili makaapekto sa imong sitwasyon o estado apil na imong relasyon sa nagtuon. Gawasnon ka nga modesisyon kung kung moapil ka niini nga pagtoon o dili. Kung modesisyon ka nga moapil, gawasnon ka nga dili motubag sa bisan asa nga pangutana nga dili nimo gusto nga tubagon.)</i>
Procedure (<i>Pamaagi</i>)	The participants will be given ample time when to undertake the interview. The interviews will be undertaken once or several times when necessary. The researcher will transcribe the interviews to be used for the analysis of the data. The information and data provided by you as a participant will be utilized for this study alone and will be treated with the utmost confidentiality. <i>(Ang mga partisipante pagahatagan og igong panahon sa pag-apil sa interview. Ang interview pwedeng himoon kausa nga higayon o sa makadaghan depende sa panginanghalanon. Isulat sa nagtuon ang interviews para sa pag-analisa sa datos. Ang mga impormasyon ug datos nga nakuha gikan kanimo isip ka partisipante gamiton lamang niining research og hatagan og tumang pag-amping nga dili mabutyag.)</i>
Duration (<i>Gidugayon</i>)	The gathering of data through the interview will last for 30 to 45 minutes. <i>(Ang pagkuha sa datos pinaagi sa interview mokabat ngadto sa 30 – 40 minutos.)</i>
Risks and Discomforts (<i>Risgo ug Kahasol</i>)	The participants will be protected from physical, social, or economic risks. In case the questions are too personal and make you feel uncomfortable, you may decline to answer any or all questions and may terminate your involvement at any time you choose. <i>(Ang mga partisipante ginaprotektahan sa pisikal, sosyal o ekonomikanhong risgo. Kung pananglitan adunay mga pangutana nga personal ra kaayo o kung dili ka komportable, mamahimong dili ka motubag o mobalibad sa pagtubag sa bisan asa o sa tanang mga pangutana ug moatras sa pag-apil sa bisan unsang panahon nga imong gusto.)</i>

Benefits (Kaayohan)	This study will enable you to shed light or provide understanding about compassion fatigue in the NICU context. Thus, your responses shall be highly valued being deemed important in the development of better institutional responses and emotional support systems for healthcare professionals. <i>(Kini nga pagtuon maghatag kanimo og kahigayonan sa pagpasanag o paghatag ug kasayuran kabahin sa compassion fatigue sulod sa konteksto sa NICU. Busa, ang imong mga tubag pagatagaan ug dakong bili tungod kay kini giisip nga importante alang sa pagpalambo sa mas epektibong tubag sa institusyon ug emosyonal nga suporta para sa mga healthcare professionals.)</i>
Reimbursements (Hulip nga bayad)	There will be no monetary expenses or costs on your part as a respondent, nor any monetary compensation for your participation in this study. However, personal protective equipment (PPE) like face masks, alcohol and face shields may be provided during the gathering of the research data. <i>(Wala kay magasto sa imong pag-apil niini nga pagtuon ug dili usab ka bayaran ug kwarta sa imong pag-apil niini nga pagtuon. Apan adunay nga personal protective equipment (PPE) sama sa face masks, alcohol ug face shields nga pwede nga mahatag sa panahon sa pagkuha sa mga datos)</i>
Confidentiality of Data (Pag-amping sa Datos)	Only the researcher will have access to the information and responses of the participants. The personal identifying information of the participants will only be used for research analysis and will be treated with the utmost confidentiality. Your identity and all personal information will be kept strictly confidential. Pseudonyms will be used in all transcripts and reports. No identifying details will appear in any publications or presentations. During the study, all data will be kept in a locked, secure filing cabinet, while recorded data shall be securely stored, password-protected, and accessible only to the researcher of which will be discarded 6 months after the publication of the results. Further, the researcher will comply to the provisions of the Data Privacy Act of 2012. <i>(Ang imong personal nga impormasyon asegurado ug tinago. Ang imong ngalan ilisan ug pseudonym sa tanang transcript ug report. Ang tanan nga datos i-anonymize ug i-secure. Ang nagtuon lamang ang makakita sa mga impormasyon ug tubag sa respondents. Ang mga datos nga makuha i-analisa ug hatagan og tumang pag-amping aron dili ibutyag. Sa panahon sa pagtuon, ipahimutang sa usa ka selyadong filing cabinet)</i>

	<i>ang tanang datos, ug ang digital file pagahulipan ug password, ug ang datos nga pagagub-on human sa 6 kabulan gikan sa pag-publish sa resulta. Ang magtutuo magsunod sa mga probisyon nga gilagda sa Data Privacy Act of 2012.)</i>
Sharing of Findings (Pagpaambit sa Nakaplagan)	The results of this study will be presented during the thesis/dissertation final defense of the researcher. Also, the research findings may be shared through publications and conferences with the assurance that the identities of the respondents will remain confidential. A printed copy of the completed study will be provided to the participants. <i>(Ang mga resulta niini nga pagtuon ipresenta sa panahon sa final defense sa thesis/ dissertation sa nagtuon. Ang mga nakaplagan sa pagtuon posible nga ipaambit pinaagi sa mga publications ug conferences nga adunay kapanigurohan nga dili mabutyag ang pagkatawo sa mga partisipante. Pagahatagan og isa ka giimprinta nga kopya sa kumpleto nga pagtuon ang mga partisipante.)</i>
Rights to Refuse or Withdraw (Katungod sa Pagpalibabang o Pag-undang)	You are free to withdraw or terminate participation at any stage of the study, without the need to give any reason. You will not be penalized in case of termination of participation. However, it must be emphasized that the validity of consent remains in effect until the data has been confirmed. This means that if there is no withdrawal of consent during this period, the participation will be considered valid. You will be informed of any information that may be relevant to your willingness to participate or continue your participation. You will also be informed of the personal data, if any, to be collected and processed. Further, you have the right withhold consent data processing should there be any amendment of the supplied information. Furthermore, you will have access of the results of the study, and information to be shared at reasonable time. <i>(Gawasnon ka nga moatras or moundang sa pag-apil sa bisan asa nga punto sa pagtuon nga dili na magkinahanglan pa ug rason. Dili ka ipamulta sa pag-atras o pag-undang. Apan, angay ipasiugda nga ang bisa sa pagtugot magapadayon hangtod makumpirma ang mga datos. Kini nagpasabot nga kung walay pagbawi sa pagtugot sulod niining panahona, ang pag-apil giisip nga balido. Ipahibalo kanimo ang bisan unsang impormasyon nga mahimong may kalabutan sa imong pagbuot nga moapil o magpadayon sa pag-apil sa pagtuon. Ipahibalo usab kanimo kung aduna bay personal nga datos nga kolektahon ug gamiton alang sa pagproseso. Dugang pa, aduna kay katungod nga dili motugot sa pagproseso sa imong datos kung aduna'y pagbag-o sa impormasyon nga imong gihatag. Labaw pa niini, aduna kay katungod nga maka-access sa mga resulta sa pagtuon ug sa ubang impormasyon nga ipahibalo sa hustong panahon.)</i>

Who to Contact (Kinsa ang Kontakon)	Should there be any queries, you can contact the researcher through the following details: <i>(Kung adunay mga pangutana, mamhimo nga mokontak pinaagi aning mga detalye:)</i> Name of the Researcher (Ngalan sa Nagtuon): GENNEN ALVIAR, RN Cellphone Number/s: 09758490567 e-mail ad: alviargennen03@yahoo.com This Informed Consent has been reviewed and approved by the Misamis University – Research Ethics Board. Should you have clarification, you may contact the office at +63388 521 0367 or email at researchethics@mu.edu.ph. STATEMENT BY THE RESEARCHER (PAGPADAYAG SA NAGTUON) I will read the Information sheet to the potential participant. With the best of my ability, I make sure that the participant will understand the interview questions and that possible follow-up interviews may be undertaken. <i>(Akong pagabasahon ang mga nasulat niining Information Sheet ngadto sa potensyal nga partisipante. Kutob sa akong mahimo siguroon nako nga masabtan sa partisipante ang mga pangutana sa interview ug ang possible nga follow-up nga interviews.)</i> I can assure that the participant will be given an opportunity to ask questions about the study, and all the questions raised will be answered fully. I can likewise assure that the participant will not be coerced into giving consent that must be free and voluntary. <i>(Gisiguro ko nga ang partisipante mahatagan og panahon sa pagpangutana kabahin niining pagtuon og ang tanang pangutana nga iyang gihatag matubag sa hingpit. Siguroon ko usab ang maong partisipante dili mapugos sa paghatag sa pagtugot nga kinahanglan nga gawasnon og boluntaryo.)</i> A copy of this Informed Consent Form will be provided to the participant. <i>(Ang kopya sa niining Informed Consent Form ihatag ngadto sa respondent.)</i> Print Name of Researcher (Ngalan sa Nagtuon): GENNEN ALVIAR, RN
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PART II. CERTIFICATE OF CONSENT

This research entitled “**WHEN CARING HURTS: EXPLORING COMPASSION FATIGUE AMONG NEONATAL INTENSIVE CARE UNIT NURSES**” by **GENNEN ALVIAR, RN** with the aim of gathering information and data pertaining to experiences of compassion fatigue, has been presented and explained to me clearly. Since the study involves nurses assigned in Neonatal Intensive Care Units (NICU), I am chosen as one of the participants.

(Kini nga pagtuon gititulohan, “WHEN CARING HURTS: EXPLORING COMPASSION FATIGUE AMONG NEONATAL INTENSIVE CARE UNIT NURSES” ni GENNEN ALVIAR, RN , nga adunay tumong sa pagkuha og impormasyon ug datos kabahin sa mga kaagi sa kakapoy sa pagbati tungod sa kanunayng pag-atiman sa uba , gipresenta ug gipasabot og klaro kanako. Tungod kay ang pagtuon kay naglangkub sa mga nars nga nadestino sa Neonatal Intensive Care Units (NICU), ako napilian isip usa sa mga partisipante.

I have read the foregoing Informed Consent Form, or it has been read to me. I had the opportunity to ask questions, which were subsequently answered fully. I consent voluntarily to be a participant of this study.

(Akong nabasa ang nauna nga Informed Consent Form, o gibasa kini kanako. Natagaan ako og higayon nga makapangutana nga natubag sa hingpit. Ako mosugot nga boluntaryo nga mahimong participant sa niining pagtuon.)

Print Name of Participant (Ngalan sa Partisipante): _____

Signature of Participant (Pirma sa Partisipante): _____

Date: [MM/DD/YYYY]_____

If Illiterate (Kung dili makasulat ug makabasa)

If the respondent is illiterate, a witness who is literate will sign. The respondent will choose him/ her and who is without connection with the researcher or the research group to attest this undertaking. The respondent will affix his thumb print.

[Kung ang participant kay dili makabasa o makasulat, mopirma ang usa ka makabasa ug makasulat nga testigo. Ang respondent ang mopili kaniya nga walay koneksyon sa nagtuon o sa iyang grupo para mopamatuod sa gimbuhaton. Ang respondent mobutang sa iyang tamla (thumb print)].

Name and Signature of the Witness
(Ngalan ug Firma sa Testigo)

Thumb mark

Appendix C – Ethics Review Certificate from MUREC



Misamis University
H. T. Feliciano St., Ozamiz City, 7200 Philippines
MISAMIS UNIVERSITY RESEARCH ETHICS COMMITTEE
Phone: +6388 521 0367 | Fax: +6388 521 2917
Email: muresearchethics@mu.edu.ph

MU-REB-001/03 March 2022

October 17, 2025

MS. GENNEN C. ALVIAR
Principal Investigator

MUREC Code: 2025-132

**WHEN CARING HURTS: EXPLORING COMPASSION FATIGUE AMONG
NEONATAL INTENSIVE CARE UNIT NURSES**

Dear Investigator:

The MU Research Ethics Committee (MUREC), upon review of your research protocol, found no risk to the research participants, hence recommending **APPROVAL**. You may proceed with gathering data for your study.

However, the following are the recommendations based on the review by the Committee:

Statement of the Problem (Number 3)

- Clarify how the *future experiences* of participants are anticipated to influence their respective journeys.
- Provide a clear explanation of the *method or analytical approach* that will be employed to determine or assess this influence, ensuring that the conceptual link between participants' anticipated experiences and the study's core objectives is explicitly articulated.

Instrument

- Revise the *Instrument* section by changing all verb tenses to the *future form*, as the administration of the instrument and data collection have not yet been conducted. This adjustment will maintain temporal accuracy and reflect the prospective nature of the study's research procedures.

Ethical and Procedural Considerations

- Include a statement on the *direct benefits* that participants will receive from their participation in the study, particularly in view of the time commitment required for each interview (approximately 45–60 minutes).

Sincerely yours,

YUNALYN L. VILLANTES, PhD
Chair, MUREC

Appendix D - Certification from the Graduate School



MISAMIS UNIVERSITY

Ozamiz City, Philippines 7200

Tel. No. +63 88 521 0367 local 135 / Telefax No. +63 88 521 2917



GRADUATE SCHOOL

CERTIFIED: ISO 21001:2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Committee on Accreditation (PACUCOA)
GRANTED AUTONOMOUS STATUS by the Commission on Higher Education (CHED)

CERTIFICATION

This is to certify that **MS. GENNEN C. ALVIAR** is a bonafide student of Misamis University Graduate School and is currently enrolled in Master of Arts in Nursing major in Maternal and Child Nursing.

Furthermore, her proposed study entitled, "**WHEN CARING HURTS: EXPLORING COMPASSION FATIGUE AMONG NICU NURSES**" has been approved by the Thesis Committee last October 21, 2025. She is likewise granted permission by the Office of the Graduate School to gather data to substantiate her research paper.

Issued this 28th day of October 2025 at MISAMIS UNIVERSITY, Ozamiz City.


CYNTHIA S. SUPERABLE, EdD, DScN
Dean, Graduate School

Appendix E - Approved Letter Request for Data Gathering

October 24, 2025

MRS. MARNIE OMAMALIN RN, MN
OIC-Chief Nurse
Zamboanga Del Norte Medical Center
Sicayab, Dipolog City

Dear Madam:

Greetings!

I am a student in the graduate program of Master of Arts in Nursing at Misamis University in Ozamiz City. I am pursuing my thesis entitled **"WHEN CARING HURTS: EXPLORING COMPASSION FATIGUE AMONG NICU NURSES."** The study was approved by the Thesis Committee last October 21, 2025.

In this vein, I would like to ask for permission for the conduct of the study at Neonatal Intensive Care Unit in Zamboanga Del Norte Medical Center. The study aims to explore how NICU nurses deal with compassion fatigue. The target participants will be neonatal ICU nurses, selected through simple purposive sampling. An Interview Guide will be used in gathering the data. Be assured that ethical considerations will be duly observed in the conduct of the study and that the data to be gathered will be used solely for research purpose.

I earnestly hope for your approval of this request.

Truly,


GENNAN C. ALVIAR RN, MN

Noted:


CYNTHIA S. SUPERABLE, EdD, DScN
Dean, Misamis University Graduate School

Approved:


MRS. MARNIE OMAMALIN RN, MN
OIC-Chief Nurse

INTERVIEW TRANSCRIPTS

Participant 1: 1 year and 9 months. Becoming a NICU nurse is highly rewarding career because it allows nurses to improve and even save the lives of newborns, with the ultimate goal of seeing each baby go home healthy. When I was first assigned in the NICU, I felt overwhelmed and scared since I had no experience with newborns. I faced many challenges as a Nicu nurse such as not knowing what to do when a baby was coding. During my first experience, I felt scared and overwhelmed because in those critical moment every second counts and you need to act quickly to save newborns life. Typical day as a NICU nurse throughout the shift, I administer medications, feed babies either through OGT or bottle. Even though every day is different the NICU nurses always main goal is to provide safe, compassionate and highly quality care for the babies. My routine usually always starts off nice and good but sometimes ends with exhaustion. Yes, especially with the deep sense of joy and fulfillment whenever I see my little patients go home healthy., safely cradled in their parents' arms. Physically, I experience the effects of compassion fatigue through constant tiredness and lack of energy. Even after getting rest, I still feel exhausted. One time, I was assigned to multiple critical babies during a night shift and felt extremely exhausted. I experienced headache muscle tension, and many more, that experience taught me to listen to my body and take short breaks, stay hydrated and prioritize rest to prevent burnout. I notice resilience in my body when I start to feel calmness and more focused, even after stressful shift. Emotionally, it makes me more attentive, compassionate, and empathetic, knowing that every small action can make a big difference. Physically, it pushes me to stay alert and focused despite fatigue, ensuring I give the best care possible. Sometimes its satisfying and fulfilling but other times its exhausting and its different every time. The physical aspect in the nicu strongly affect my emotions and energy. The constant sounds of alarms monitors and ventilators can be overwhelming creating tension and urgency. Sometimes even at the lounge or on quite corner. Each small success a baby breathing on their own or a parents gratitude reminds me why I continue to care despite the challenges. Stressful shifts distort my sense of time sometimes it rushes by in a blur and other times it stretches endlessly reflecting the intensity of what's happening around me. My past experiences help me recognize the early signs of compassion fatigue and to respond with more self- awareness. Now I handle compassion fatigue differently. I take intentional breaks when I can, reflect my emotions after difficult cases. During a shift, I try to find small moments to pause and reset. Sometimes even taking a few deep breaths, stretching or stepping away from the monitors for a minute help calm my mind. I view my ability to sustain resilience over time as a NICU nurse by focusing on building a good relationship, practicing consistent self-care and maintaining positive mindset. My past and present experience as a NICU nurse deeply influence my continuing journey by shaping the way I care, think and grow both personally and professionally. At the same time, my present experiences continue to refine mt skill and my mindset. Every shift is a learning opportunity. Their appreciation reminds me that my work has meaning beyond the medical tasks. It's about providing comfort and compassion. Yes, there was a time when I feel emotionally drained after caring to a critical baby who eventually didn't make it, one of them sat beside me and simply said, you did everything you could. Team dynamics in the

NICU can both add to my stress and help build my resilience, depending on the situations and how the team functions. Seeing fragile newborns grow stronger each day and witnessing families' joy when their baby improves brings a deep sense of fulfillment that outweighs the exhaustion. The gratitude and trust families show and remind me that my care matters. While the equipment is essential to patients' care, the constant sensory and emotional demands it creates stress and make it harder to maintain emotional balance in NICU. Incubators and ventilators. Although they are medical machines, they symbolize life and survival. Crowded and cluttered space increases emotional burden because limited space and too much equipment can make the environment chaotic amplifying the pressure of caring for multiple critical patients at once. The responsibility pushes me to stay focused detail oriented and compassionate even during stressful and exhausted shifts. Emotional pressure, fear of mistake. For example, when I care for a critically ill baby and begin to see small signs of progress like improving vitals or successful weaning from ventilator it reminds me that my vigilance and dedication truly make a difference. Acknowledging limits, reflecting on purpose, practicing self-compassion and allowing shared responsibility. Looking back in my journey so far, the meaningful part of my experience as seeing ill babies go home with their parents well and healthy. The moments stand out in me because the critical patients I've seen that I cared for fought for his life and eventually recovered, reminding me why I do this work. I couldn't give a lot of advice to a new NICU nurse who are about to begin their journey here because for me I didn't see myself as experienced one, but I could say we need to prioritize learning over perfection, celebrate small victories, know your limits, keep learning and adapting and don't be afraid to make mistakes as long as you learn from them and don't repeat them. I do wish I have known the basics like vitals abnormal signs and other essential things that every first timer should learn.

Participant 2: A dedicated NICU nurse for 2 years. The chance to care the most fragile and precious life. I felt nervous and scared of what to do. Understaff, exhaustion. Taking endorsement from previous shift about patient's condition, vital signs feeding schedule, medications, update on doctor's order. After endorsement, we check our patients and give due medications. Pabalik balik na routine except lng if ang baby kay maot and condition. The After, carrying out doctor's order and do close monitoring. The routine is balik-balik, it depends nlanag kung nay maot na condition, pag routine lang okay lang pag maot ang condition stressful jud sya. Kapoy buy need ghaon e give unsay angay, mka drain sya nga ganahan ka muundang. Mag stress eating ko maong nanambok ko while working sa NICU. Good sleep and rest, pag gamay ra ang pasyente nga ma assign sa akoo. Maka exhaust mentally kay mag huna2 ka unsay sunod buhaton and physically because of non-stop walking, checked on my patients, giving medications and referral. For me 12 hours is okay but if more than that its tiring already. Sa kadugayon naanad nako sa sound sa mga machine. If when I can sit, maka break kadali doing stressful time kung naa sa NICU. If naa sa gawas sa hospital good sleep and rest jud. Sa mga kuyug, pag okay ang mga kuyug sa duty magtabangay. Guba ang time plot especially if maot ang patient. Sa una, mag huna huna pako nga ga kulang ba ko sa mga maot nga pasyente pero karon naa lang jud nga didto r ataman. Kung fatigue, basta tabangan lang ko sa ako kauban okay na kayo. Sa recovery, basta malingaw lang mi sa ako kauban okay na kayo. Nga mahuman ra ug duty

ug makauli ko ko nga dili dal on ang burden sa hospital. Sa una mahadlok ko, dili ko sure unsa ako buhaton pero sa kadugayan na learn na nako siya. Evry family na ma encounter namo kay lahi lahi man. So, mag depende usahay. Pag bulayagon mka stress dili dayon maatiman kay walay tagtungod. Kung time na if busy ta especially if critical ang patient, akong mga kauban mutabang nko dli ka nila pasagdaan. Kapoy man jud sa NICU if maot pasyente but if imong mga kauban buotan, mahinabangon magaan jud ang trabaho. Kung sa infants it gives me meaning to work despite fatigue kay nay progress. Sa families pag nay salig o mapasalamaton o supportive ang parents. Sa coworker, gaan ang feeling kung mga happy person og matinabangon. Usahay naanad namn ko sa mga tingog, so okay ra dli ra maka contribute. Kung sa monitor pag mayo ang mga naka reflect dili sigi tingog. Nicu environment itself is both and comfort and a emotional burden. None. Serious and meaningful. Bug at sya pag critical ang bata kay sa imoa man mag depend kay dili man mutingog ang bata. Pag ma improve ang progress sa bata. Makig istorya sa ka uban or e recall og sakto raba ang gibuhat. Maka witness ug bata nga from critical nan ka survive na discharge. Kay mao pod ang rason nga giganahan ko og NICU in caring babies. Dapat naa sila taas pasensya og compassion in caring babies. How to deal with different person. Kay lahi lahi ug personality ang matag-isa.

Participant 3: I've been a NICU Nurse for about 13 years now. I was inspired to become a NICU nurse when my niece was admitted to NICU die to hypoxic ischemic encephalopathy stage 1. Seeing the care she received, made me want to help other babies and families going through the same experience. When I was assigned to the NICU way back 2013, I felt nervous and unsure about handling such tiny and fragile newborns, but with the guidance from experienced nurse, I experienced and learned how to provide safe and gentle care. One of the challenges I faced as a NICU Nurse is the limited availability of some specialized equipment. It can be difficult to provide optimal care when certain tools or machine are lacking. A typical day starts with receiving the shift report and checking on each baby, vital signs, and ongoing treatment but much of my days involves in carrying out doctor's order accurately and promptly, updating charts, administering medications, vital signs monitoring and providing support to families. Routine usually starts with receiving report from evening shift and reviewing each baby's condition or vital signs, shift ends with documenting all nurse care through handover to incoming nurse. When I experienced compassion fatigue in NICU. I can feel both physically emotionally and mentally. I feel more sensitive, easily affected by the situation of my patients. By the end of the day, my back hurts and my legs felt weak. Taking deep breaths. I can handle stressful situations after seeing patients recover and discharge home. Caring from critically ill newborns demands full attention and strengthens empathy and patience. Exhausting when the salary is delayed and not updated. The continuous alarms and sterile atmosphere can be stressful specially during emergencies. However, those sounds remind me that babies are being closely monitored and cared for. When I need to restore my resilience, I usually chitchatting with my coworkers, it helps lighten the mood. Stressful moments seem to stretch time while quite moments feel brief. My past experience has taught me the importance of emotional boundaries. Self-awareness and asking for help. I learned that compassion fatigue is normal and not a sign of weakness. By taking short break when possible and chitchatting with co-workers. I've learned to manage stress better and to

manage in every situation be good or bad. My past and present experience have helped me into more emotionally aware and compassionate. Each experience reminds me why I choose this profession to help fragile little babies grow stronger. My relationship with families greatly influences my emotional well-being. Their trust gratitude and the stories remind me that my work has meaning. Their hope becomes my motivation and their appreciation fuels my commitment to continue providing care. There have been many moments when have supported me, sometimes through simple words, sometimes by just listening. The support reminded me that I'm not alone and that teamwork is essential in surviving emotionally demanding days. Having a coworker who understand with emotional weight of the job makes a huge difference. The small victory like seeing preterm infant gain weight or hearing updates from families give me purpose, interactions with co-workers who understand with emotional challenges also make me feel supported and connected. The constant alarms and presence of complex equipment increases stress. The beeping creates a sense of emergency that's keeps me alert but also contributes to emotional fatigue. Some tools like OGT, ventilators, phototherapy remind me of resilience of our infants. These symbolizes supports we provide to help them grow. The tiny diaper, soft blanket and isolette often comforts me because they highlight how precious and fragile theses infants are. But certain equipment like emergency carts increases my emotional burden because they remind me uncertainties and possibility of loss. Compassion fatigue is real especially for nurses. Many people use simple non clinical personal items that brings comfort. Example we can use journal, mini notebook. By ensuring my patients receives total care. Ineffective machines. When babies discharge especially preterm babies. Self-care. The most meaningful part of my experience as a nurse is being able to witness every discharge of premature and sick babies at home. It makes me feel seen and appreciated. Pray harder. Gamay og sweldo.

Participant 4: I am a NICU nurse for 5 years up to now. The babies. I was shock and challenged. If mamatay ang patient ug unsay estorya sa watcher. Sometimes toxic duty specially to the workmates. Our shift usually starts with coffee and end with accomplishment. Rewarding if and patient is okay, stressful if with having admission that is toxic. I feel easily affected by situations of patients. Yes, every after duty. When my intubated patient gets well and I will take break from work. Demands full attention. Exhausting. For me, it may be a stressful sound but symbolizes sound of life. Chitchatting with coworkers and coffee break. When my intubated patients gets well. When we're stressed, time drags; when were calm time flies. Just self-awareness and good coffee. Taking pause and some interaction with coworker who became friends. Hard to manage stress. Just self-awareness and devotion to work. They became my motivation and supporter throughout this journey. We support each other. Having a good coworker makes work easy. Fulfillment. The continuous alarm can make me feel tense and worried about baby's condition. Seeing fragile infants connected to those machines can be emotionally draining. Incubators symbolizes protection and strength in newborn fighting to grow each day. Ineffective equipment's and lazy coworker. No just talking with coworker helps fatigue issue. To make sure they are taking care off. Ineffective equipment. When patients get well. Just self-awareness and self-care.

Participant 5: I am NICU nurse for 13 years now in a government hospital. I was assigned in NICU not by my choice but just randomly and the experience itself become my inspiration. Seeing the strength of such tiny babies, fighting day by day showed me what true resilience looks like. Watching families hold on to hope and being part of those small but meaningful victories touched me in any way never expected. When I was first assigned in NICU and without experience at all, I feel so overwhelmed and nervous., but I quickly learned to adapt. The challenges quickly help me grow, and overtime I found purpose in caring for the most fragile babies. Some of the challenges I faced as a nicu nurse for 13 years included managing constant high stress situation, and handling fragile and critically ill babies, and coping with emotional weight of uncertain outcomes. I also had to balance heavy workloads, adjust to rapidly changing conditions and support families while staying compose. Typical day in NICU, starts with endorsement and checking babies under my care. I usually acre for multiple high-risk infants, so I spend so much time in monitoring alarms, administering medications, and assisting procedures. My day usually begin with shift handover and reviewing each baby's status, and ends with finishing notes and give proper report to the next shift. The day has its challenges, especially during emergencies or sudden changes but it's also rewarding when I see babies improving. Physically compassion fatigue in the NICU can feel like constant tiredness, tension, headaches even after rest. My energy is low and its harder to stay alert during long shifts. There was a time during particularly busy shift when several critically ill babies needed constant attention. My body felt drained, my shoulders and back ached and I had a pounding headache, but I had to keep going to care for infants and support their families. I notice resilience in my body when, despite long and stressful shifts, I feel a renewed sense of energy after a baby stabilizes or a family expresses gratitude. Caring for critically ill newborns keeps me constantly alert and emotionally invested. Physically, I feel tense and drained at time, but emotionally, I'm focused and compassionate, fully present for both babies and their families. Long hours in NICU can be very tiring both in mind and body. The nonstop alarms, critical cases and need to stay awake are challenging yet witnessing babies improve under my care feels so rewarding. The sounds of the alarm the machine and busy NICU environment can be very exhausting and stressful, but they also heighten my focus and keep me attentive to the baby's care. As a NICU nurse there are spaces both inside and outside the hospital that help restore my resilience. Staff lounges give me quite moment to breath and relax. Outside hospital, enjoying fresh air helps calm my mind and recharge my energy. NICU can be very exhausting with nonstop alarms and emotional weight of supporting families which can lead to compassion fatigue, yet witnessing baby's progress and the gratitude of families also gives me strength and motivation to keep caring. During emotionally intense shifts, time seems to stretch and move slowly when I'm worried about my patients' condition. Conversely, moments of calm or small victories often feel like they pass in an instant, making the sense of time feel unpredictable. My past experiences in the NICU for 13 years, have taught me to recognize the signs of compassion fatigue early and develop coping strategies. Over the years, I've learned to balance emotional involvement with self-care, seek support to my colleagues. I balance my moments of fatigue and recovery by pacing myself during shifts, taking short breaks, when possible. Outside work, rest, hobbies and time with my children help me recharge and maintain my energy for the babies and families I care for. Looking ahead, I believe sustaining resilience as a NICU nurse requires continuous self-care, learning to manage stress and leaning on support

system. My past and present experiences have shaped my skills, patience and emotional strength. They guide how I handle challenges, support families, and care for fragile infants, giving me confidence and perspective to continue growing and sustaining resilience in my ongoing journey. My relationships with patients and their families deeply influence my emotional well-being. Seeing family's gratitude and baby's progress gives me joy and strengthens my resilience, while emotional weight of struggles can be challenging. These connections motivate me to stay compassionate and committed despite the demands of the NICU. There was a particular day when I felt so sick and cannot perform my duty, my colleague noticed and offered support, checking on me, offered help. Team dynamics in the NICU can add stress when communication breaks down or everyone is overwhelmed. However, a supportive team strengthens resilience by sharing responsibilities, offering guidance and providing moral support during challenging times. The moments I share with fragile infants, their families, and my colleagues give my work a deep sense of purpose. Holding a tiny hand, witnessing a baby take a stable breath, or seeing a mother smile despite the struggle reminds me that care truly makes a difference. Even when I'm exhausted, these connections fill me with meaning and renew my commitment to stay compassionate and present for those who need me most. Constant alarms, defective equipment, lacking medical equipment can contribute to stress and fatigue. In the NICU, objects like incubators, monitors, and even tiny blankets serve as reminders of hope and resilience. They symbolize the baby's strength, the care supporting them, and the small victories that keep families and staff inspired. The NICU monitors, alarms, and medical equipment can increase emotional burden because they constantly demand vigilance. I always had a picture of family in my screen phone. This item helps me cope with compassion fatigue and strengthen my resilience. Seeing my family reminds me of why of why I work so hard. As a NICU nurse, I feel a deep sense of responsibility for the outcomes of babies under my care. Their fragile condition means that every action, observation, and decision I make can have a significant impact which motivates me to stay vigilant, compassionate and committed, even under stressful circumstances. The weight of responsibility in the NICU contributes to compassion fatigue because I feel constantly feel accountable for the baby's survival and well-being. High stakes decisions, unpredictable changes in their condition, and supporting anxious families can be emotionally exhausting, leaving me drain overtime. There are moments when a critically ill baby stabilizes after hours of care or family expresses gratitude for my support, and my sense of responsibility shifts from feeling heavy to inspiring resilience. Knowing that my vigilance and actions make a real difference motivate me to keep going, stay focused and continue providing compassionate care despite fatigue. Looking back, the most meaningful part of my 13 years journey as a NICU nurse has been witnessing and recovery of fragile babies and supporting their families through challenging times. Those moments of hope, gratitude and small victors make all the long hours and emotional strain worthwhile. This moment stands out because it reminds me of the impact of my care. That efforts truly matter. To the new NICU nurse, be patient with yourself and the babies and never hesitate to ask for help or guidance. Take care of your well-being as much as your patients, celebrate small victories, and remember that every moment of care makes a meaningful difference. Compassion, resilience, and teamwork will guide you through the challenges and rewards of this journey. I wish I had known how emotionally demanding the NICU can be and how important it is to practice self-care from the start. Understanding that it's normal to feel

overwhelmed at times, and that seeking support and pacing yourself is part of being a strong nurse.

Participant 6: Participant 6: I've been a NICU Nurse for 3 years now. Watching fragile babies grow. The combination of tiny and human strength I get to witness every day. At first, I am very afraid knowing I will be handling tiny lives but eventually through my courage and compassion, I overcome my fear and loved my work as NICU nurse. One of those were handling more than 5 patients and some of those are toxic patients and for close monitoring. Doing routines like assessing the baby giving medications and changing diaper and suctioning intubated patients. My duty starts at 7 am and ends at 7 pm 12 hours shift. It is stressful honestly but at the end of the day it's still rewarding knowing I get to help sick tiny babies. Sleeping problems like trouble falling or staying asleep. Feeling drained even after sleep, difficulty concentrating. When my baby is heavier than usual, I felt tightness building across my shoulder and neck that I couldn't stretch out. Noticing I can stay focused longer without fatigue feeling lighter or more energized. When beginning or returning to work. A sense of clarity in my thoughts, reflected in my physical ease. Greater empathy and compassion and a mix of tenderness and protectiveness. Spending long hours in NICU can be exhausting. the noise can become mentally draining and increase stress, which affects our energy. Because the nonstop alarms, serious conditions, and emotional demands can be draining and difficult to cope with. Sometimes the shift feels like it moves quickly, and other times it feels like time drags. The emotional pressure and focus make my sense of time feel inconsistent. Using support system like my family, friends and partner. Connecting with them after intense situation helps me process my emotions and maintain compassion. Taking breaks for at least 5-10 minutes can help. Stretch, sleep, step outside the unit or do deep breathing. Accept that some days will feel draining. I feel I can maintain resilience by consistently taking care of myself, relying on my team for support, and growing from every experience I face. Yes, my past and present NICU experiences definitely influence my continuing journey. They guide the way I manage stress, increase my confidence, and help me face challenges with greater patience, empathy, and resilience as I continue in this role. Resilience building via empathy and shared trust. I try to be emotionally present and build trust, while also being aware of my limits. Yes, having co-workers whom listens without judgement, or simply acknowledge the things I have achieved helps make me confident. Poor teamwork or lack of cooperation, poor leadership and lack of support from colleagues. Professional growth purpose and sense of responsibility. Each alarm triggered my fear, and seems like urgent. Items in the NICU, such as incubators, monitors, remind me of resilience and hope. Every improved reading, successful feed, or weight gain is a sign of progress, showing that both the babies and we as caregivers can persevere through challenges. Professional reflection, feeling guilty doesn't necessarily mean you've failed—it often shows that you care deeply and hold yourself to high standards. The most meaningful parts of my NICU experience are seeing babies reach milestones, helping families bond, and managing emergencies successfully. Watching a fragile preemie gain weight or come off ventilator support reminds me of the real impact of our care. These moments stand out because they capture the essence of why I chose this profession: to care, protect, and bring hope to the most vulnerable. Practice empathy and communication.

Participant 7: 10 months. Watching nurses advocate for tiny patients who cannot speak for themselves inspires me to become a NICU nurse. Mixed of emotions, it felt both calm and intense. As a new graduate I realized that NICU is a specialty where every detail matters. I felt overwhelmed at monitors, but the experienced nurse guided me. As a new grad, entering at NICU, I faced several challenges, that for me, to grow both clinically and emotionally, NICU requires a level of specialized knowledge and was difficult from. What I have learned at school. It was difficult to adjust to care to an extremely premi newborn, understanding ventilators, IV pumps and IV insertions. My day starts at 6:45 am with shift endorsement, followed by rounds assessments and medications, verifications; throughout the shift 7 charts, administer meds, perform procedure like IV and UVC insertion carry out orders. I finish with a thorough endorsement to ensure continuity of care. It ends through endorsement. Its especially rewarding when you discharge a long stay patient. The most stressful moments are sudden desaturations, emergencies, and managing multiple fragile babies at once. As a NICU nurse with 1 year of experience, I physically feel compassion fatigue through constant tiredness. Some days I notice loss of appetite, trouble sleeping. My body feels the weight of the stress long before my mind catches up. There was a day after a long stretch of caring for a very unstable preterm infant when my body clearly signaled stress. I remember standing by the incubator during yet another desaturation episode and suddenly realizing my hands were shaking, my shoulders were painfully tight, and my heart was racing even though I was just standing still. I notice resilience in my body when, after a stressful moment or difficult shift, I feel a sense of calm settle back in, my breathing becomes steadier, and I regain focused energy. Caring for critically ill newborns makes me more emotionally centered and physically attentive during my shifts. I stay extra careful, patient, and aware of every small change. Long hours in the NICU feel demanding and exhausting, yet highly engaging. The NICU environment, from its machines and alarms to its layout, strongly influences how I feel both emotionally and physically. Within the hospital, spaces like the canteen or quiet lounge help me take a mental break. Outside the hospital, places like the simply a walk outdoors provide fresh air, calm my mind, and restore both my emotional and physical energy, or in church. The NICU environment can contribute to compassion fatigue not only because of the constant alarms and critical cases but also when families are anxious, demanding, or uncooperative, which adds emotional stress. In stressful or emotionally charged NICU shifts, my perception of time often becomes distorted, with hours feeling either too short or endlessly long. Past NICU experience has taught me to recognize and manage compassion fatigue. I now use breaks, support, and self-care to stay resilient, focused, and able to provide compassionate care. I balance fatigue and recovery by staying hydrated, and asking for help when in doubt. Looking ahead, I believe I can sustain resilience as a NICU nurse by learning from challenges, to never hesitate to ask question and clarify. Looking ahead, my experiences as a NICU nurse have taught me valuable lessons in patience, empathy, and emotional resilience. Ang mga mga monitor, ug sige'g tingog sa alarm sa NICU kay makapadunngag stress og kakapoy sa trabaho kay feeling nko naay emergency pagkabuhaton pirmi. Pareha sa incubator, dli lng kay isa ni ka equipment nga gamiton sa bata kundi mura kini og balay sa ilaha para mka survive especially if mga premature na baby. Material aspects of the NICU environment can both comfort and increase emotional burden. Comforting if organized and department, and not gubot. Emotional burden if gubot ang area and daghang sick babies nga dli maglibog naky unsay buhaton una. Personal items

like I have katinko haplas or vicks. Using my ointments if feeling kapoy na, murag ma energize kag balik og work if maayo atong pamati. Taking care of sick babies I believe it's a big responsibility as a NICU nurse, of course you have the aim na ma discharge sila nga maayo kaya every small assessment jud kay importante kaayo for them to thrive. The weight of responsibility can cause compassion fatigue because you're always emotionally involved and on alert. When you feel responsible for every result, the pressure adds up and makes it harder to relax and let go of stress. I believe in the saying that you can only give good care to anyone if you're well of yourself. Because caring for yourself becomes part of caring for your patients—because a rested, healthy nurse can give safer, kinder, and more focused care. The most meaningful part of being a NICU nurse is that witnessing a 900 grammer baby discharge well. Taking care of that baby from day 1 to almost 2 months inside ICU from sick to well was unforgettable even so times its so exhausting, also they become our family already. Always ask questions when I doubt. Be kind, compassionate to your co-worker, be yourself.

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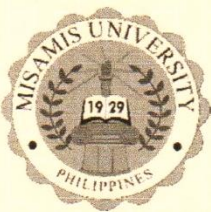
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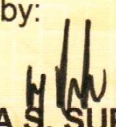
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