A CASE STUDY OF BURNOUT IN A HIGHLY DEMANDING WORK ENVIRONMENT OF INTENSIVE CARE UNIT (ICU) NURSES

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MISAMIS UNIVERSITY

2025

A CASE STUDY OF BURNOUT IN A HIGHLY DEMANDING WORK ENVIRONMENT OF INTENSIVE CARE UNIT (ICU) NURSES

An Undergraduate Research Output Presented in the Faculty of the

College of Nursing, Midwifery and Radiologic Technology,

Misamis University, Ozamiz City

In Partial Fulfillment of the Requirements

for the Degree Bachelor of Science in Nursing

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May 2025

CERTIFICATE OF PANEL APPROVAL

In partial fulfillment of the requirements of the Bachelor of Science in Nursing, this research study entitled **"A CASE STUDY OF BURNOUT IN A HIGHLY DEMANDING WORK ENVIRONMENT OF INTENSIVE CARE UNIT (ICU) NURSES"** prepared and submitted by Rheubie S. Melmida & Pearl Grace T. Pama, has been examined and is recommended for acceptance and approval.

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Oral Defense Date: May 9, 2025

DEDICATION

This research study is dedicated wholeheartedly to all the nurses in the Intensive Care Unit (ICU), whose unwavering compassion, care, courage, and commitment in the face of extreme pressure and fatigue in their field have inspired this study. Your heart in providing patient care drives us to be better and compassionate nurses in the future.

To our parents and loved ones, thank you for your constant encouragement, patience, love, and financial support throughout this journey. Your constant words of affirmation gave us strength and courage to keep going.

Moreover, above all, to our Almighty God, the King of Kings, for the wisdom and patience bestowed upon us and His grace that sustained us in every step of this endeavor. May this work bring light, awareness, compassion, and change to those who need it most.

Rheubie & Pearl

ACKNOWLEDGEMENT

We, the researchers, would like to express our sincere appreciation to everyone who has encouraged and supported us in completing this research paper successfully.

First and foremost, we would like to express our deepest gratitude to our Almighty God for His unwavering guidance, blessings, wisdom, and strength throughout the research study process. It is through His grace that we were able to overcome every challenge, stay focused, and persevere. His blessings, with clarity of mind and good health, encourage us in every step of this journey.

Secondly, we would like to express our sincere appreciation to our esteemed adviser, Rojaida S. Tabanao, MAN, RN, whose guidance, advice, and knowledge were instrumental during this project. We were inspired to pursue excellence by her perceptive criticism and unwavering encouragement.

We are particularly appreciative of Misamis University's teachers and staff for providing the facilities and resources that were essential to our research. We would especially like to thank the Dean of the College of Nursing, Midwifery and Radiologic Technology, Dr. Sammy B. Taghoy, for his assistance and support.

We extend our sincere gratitude to our panel members, Prof. Maebil Marie B. Go, MAN, MN, RN; Prof. Merasol O. Duyag, PhD, RN; and Prof. Sammy B. Taghoy, PhD, RN, for their helpful critiques and recommendations throughout the course of our research. Their suggestions significantly improved the caliber of our work.

To our co-investigator, Mr. Jerickson C. Arobo, and to the entire PETRU staff headed by Dr. Maria Niña F. Banque, for their assistance and approval of our data gathering. This study would not be possible without their help and support.

To our family and friends for their unwavering support and understanding during this journey. Their patience and support were crucial in keeping us motivated and focused.

To each other for the shared dedication, diligence, and perseverance that enabled this study. Our collaboration has been a source of strength, and each member's unique contributions have been vital to our success. This achievement is a result of our combined hard work and commitment.

Lastly, we would like to thank all of the research participants and contributors, whose involvement and cooperation were essential to the completion of this project. Thank you all for your invaluable support and contribution.

The Researchers

ABSTRACT

Burnout among healthcare professionals, particularly nurses in intensive care units (ICUs), has become a significant global concern. ICU nurses constantly operate in high-stakes environments, facing emotionally and physically demanding conditions such as prolonged work hours, high patient acuity, and staff shortages. The study aimed to examine the encountered experiences of ICU nurses regarding their work environment and identify environmental factors that contribute to or help mitigate Burnout. Anchored in a qualitative case study design, this research utilized Yin's (2018) method of analysis. The study was conducted in a hospital in Ozamiz City, Misamis Occidental, involving eight ICU nurses who were purposely selected and met specific inclusion criteria. The study was guided by Maslach's Burnout Theory, which frames Burnout as a multidimensional condition characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment.

Additionally, Roy's Adaptation Model offers a theoretical framework for understanding how nurses respond to and adapt to environmental stressors, highlighting the importance of coping and resilience. Data were gathered through semi-structured interviews and were analyzed thematically through coding and pattern recognition. The findings revealed that ICU nurses experience high levels of stress due to the intense nature of their environment, compounded by inadequate staffing, resource limitations, and emotional overload. Despite these challenges, nurses employed various coping mechanisms such as family and peer support, engaging in personal routines (e.g., exercise, hobbies), and practicing mental distance to sustain their resilience.

Keywords: *Burnout, coping strategies, ICU nurses, Intensive Care Unit, nurse wellbeing, resilience, work environment*

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INTRODUCTION

Rationale/Background of the Study

Nurses in the Intensive Care Unit (ICU) play an indispensable role in managing critically ill patients. They are responsible for continuous monitoring of vital signs, administering life-saving medications, managing ventilators, and operating complex life-support systems. In addition to their technical responsibilities, ICU nurses also provide emotional support to patients and families during the most critical phases of illness or injury (Alanazi, 2021; SCCM, 2022). Their duties demand a high level of clinical expertise and the ability to make quick, often life-altering decisions (Tamata & Mohammadnezhad, 2022).

The ICU environment is one of the most demanding and high-stress areas within a hospital setting. Patients admitted here typically present with life-threatening conditions such as respiratory failure, sepsis, cardiac arrest, and multi-organ system dysfunction that require constant, intensive care and rapid intervention (Padte, 2024). These units are equipped with advanced medical technologies and require continuous collaboration between healthcare professionals. The intensity of care and urgency of decision-making render the ICU one of the most pressure-filled departments in the healthcare system (Verderber et al., 2021).

ICU nurses are particularly vulnerable to stress due to the nature of their work environment. The constant exposure to suffering and death, irregular work hours, long shifts, and emotionally charged patient interactions make them susceptible to psychological strain. According to Binnie et al. (2021), 64.5% of ICU nurses in Canada reported high distress levels, and globally, 81% of critical care nurses experienced one or

more symptoms of Burnout. These include emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment, which are core components of Burnout (Baugh et al., 2020). Even with technological advancements such as artificial intelligence and telemedicine that aid in remote monitoring and improve workflow (David-Olawade et al., 2024), these innovations do not fully alleviate the emotional and physical toll on ICU staff.

Burnout, as defined by the World Health Organization (WHO, 2019), is a syndrome resulting from chronic workplace stress that has not been successfully managed. It is marked by energy depletion, increased mental distance or negativism toward one's job, and reduced professional efficacy. Factors such as inadequate staffing, lack of organizational support, and the emotional burden of care exacerbate the risk of Burnout among ICU nurses (Aydogdu, 2023). A lack of support from colleagues and superiors further intensifies this issue, leaving nurses feeling isolated and emotionally drained (American Public University, 2024). The National Academies of Sciences, Engineering, and Medicine (2021) notes that a mismatch between role expectations and workplace realities often contributes to heightened stress and Burnout.

Despite being the backbone of the healthcare system, nurses are often overlooked when it comes to institutional mental health support. A study by Ramirez-Elvira (2021) found that ICU nurses frequently feel overwhelmed and under-supported by their organizations. Similarly, Tekin et al. (2021) emphasized the role of peer support in reducing the psychological burden among ICU staff. These studies stress the importance of systemic changes in workplace environments to reduce Burnout and improve staff wellbeing and patient care outcomes.

However, a significant methodological gap exists in current research. While numerous quantitative studies have documented the prevalence and effects of Burnout in ICU nurses, they often lack depth in exploring personal, encountered experiences. For instance, a systematic review reported burnout prevalence among ICU professionals ranging from 6% to 47%, yet failed to adequately explain the underlying causes behind such variation (Mousazadeh et al., 2019). Similarly, Friganovic et al. (2020) noted that while stressors such as long shifts and high patient acuity have been acknowledged, there remains a limited understanding of how these factors interact with individual coping mechanisms and workplace dynamics. Most of the literature relies heavily on statistical data, lacking qualitative insight into the actual experiences of ICU nurses in various settings.

Additionally, a contextual research gap is evident in the local setting. No known qualitative research has been conducted in Ozamiz City, Misamis Occidental, Philippines, to explore the phenomenon of Burnout among ICU nurses. This lack of localized and in-depth understanding hinders the development of culturally and contextually relevant strategies to support nurse wellbeing in the region.

Therefore, the purpose of this study is to explore the encountered experiences of ICU nurses in a highly demanding work environment to better understand the factors contributing to Burnout. Through a qualitative lens, this research aims to provide valuable insights into how workplace conditions, emotional stressors, and organizational support systems influence burnout levels, ultimately informing policy and improving nurse retention and patient outcomes.

Theoretical Framework

This study is anchored on two theoretical perspectives: Maslach's Burnout Theory (1978) and Roy's Adaptation Model (1976). These frameworks offer complementary insights into understanding Burnout among Intensive Care Unit (ICU) nurses by addressing both the psychological components of stress and the adaptive mechanisms nurses employ in response to such stressors.

Maslach's Burnout Theory, developed by Christina Maslach and Susan E. Jackson, is widely recognized as the foundational model in understanding occupational Burnout, especially among caregiving professionals. Conceptualized initially to explain the emotional toll experienced by individuals in human service roles, the theory has since expanded in scope and applicability across various high-stress professions, including nursing (Edu-Valsania et al., 2022). The theory defines Burnout as a psychological syndrome that arises in response to chronic emotional and interpersonal stressors on the job and is characterized by three key dimensions:

Emotional Exhaustion. This refers to the feeling of being emotionally overextended and depleted of one’s emotional and physical resources. In the ICU setting, nurses are constantly exposed to trauma, grief, and high patient acuity, leading to cumulative stress and exhaustion. The emotional labor involved in sustaining empathy and composure in the face of suffering can eventually wear down a nurse's mental resilience (Maslach & Leiter, 2016).

Depersonalization. This dimension involves developing a negative, cynical, or detached attitude toward patients and colleagues. In ICUs, nurses may begin to emotionally

distance themselves as a coping mechanism, which may reduce compassion and hinder quality patient care. Dr. Krall (2020) describes this as a "hardening" of the individual, where emotional disconnection becomes a defense against further psychological harm.

Reduced Personal Accomplishment. Nurses experiencing Burnout often feel a diminished sense of efficacy and success in their work. Despite their critical role in patient care, ICU nurses may begin to question their competence, particularly when faced with high mortality rates or systemic inadequacies such as understaffing or lack of support. This can lead to negative self-perceptions and a loss of professional identity (Leiter & Maslach, 2021).

Maslach's theory has been used extensively in studies exploring Burnout among healthcare professionals. For example, Ramirez-Elvira et al. (2021) applied this model to assess the mental health of ICU nurses in Spain, confirming emotional exhaustion as the strongest predictor of Burnout. Similarly, Aydogdu (2023) employed the theory to investigate burnout dimensions among Turkish ICU nurses, finding depersonalization significantly associated with a lack of team support.

To understand the nursing-specific responses to stress, this study also applies Roy's Adaptation Model, developed by Sister Callista Roy in 1976. This theory views individuals as holistic, adaptive systems that interact continuously with their environment and respond to both internal and external stimuli. The model emphasizes adaptive responses that occur through coping mechanisms, which can be either effective (adaptive) or ineffective (maladaptive).

According to Roy (2024), each person functions as an integrated system composed of biological, psychological, and social subsystems. In a demanding environment such as

the ICU, nurses encounter multiple stressors that challenge their ability to adapt across four interrelated modes:

Physiological Mode. Refers to the physical responses to stress, such as fatigue, sleep disturbances, and immunosuppression. ICU nurses often endure long shifts with insufficient rest, compromising their physical health and energy levels.

Self-Concept Mode. Concerns the beliefs and feelings individuals hold about themselves. ICU nurses may experience a crisis in self-concept when they feel ineffective or unsupported, which can exacerbate feelings of Burnout and hopelessness.

Role Function Mode. Involves the roles an individual occupies in society and within the workplace. Role ambiguity, role overload, and unrealistic expectations in ICU settings can lead to role strain, negatively impacting the nurse's ability to adapt.

Interdependence Mode. Centers on relational integrity and support systems. A lack of social support from supervisors or coworkers, as noted by Tekin et al. (2021), can limit a nurse's ability to cope with stress, potentially leading to maladaptive outcomes.

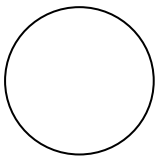
Roy's model has been successfully applied in studies focusing on nurses' adaptive responses to stress and Burnout. For instance, Alam & Waqas (2022) employed Roy's framework to examine how nurses' coping mechanisms impact their resilience in high-pressure units. Friganovic et al. (2020) also applied the model in a multicenter qualitative study, identifying adaptive and maladaptive behaviors among ICU nurses in response to prolonged occupational stress.

These two theoretical frameworks complement one another in examining Burnout among ICU nurses. While Maslach's Burnout Theory identifies the psychological symptoms and occupational consequences of chronic stress, Roy's Adaptation Model

provides a lens for understanding how nurses cope and adapt to such stressors within a dynamic and demanding environment.

In this study, Maslach's theory helped explore the core dimensions of Burnout that ICU nurses experience in Ozamiz City. At the same time, Roy's model provided insights into how these nurses attempt to adapt physiologically, psychologically, and socially to their working conditions. Together, these theories provide a robust conceptual foundation for understanding the phenomenon of Burnout from both psychological and nursing-practice perspectives.

Conceptual Framework



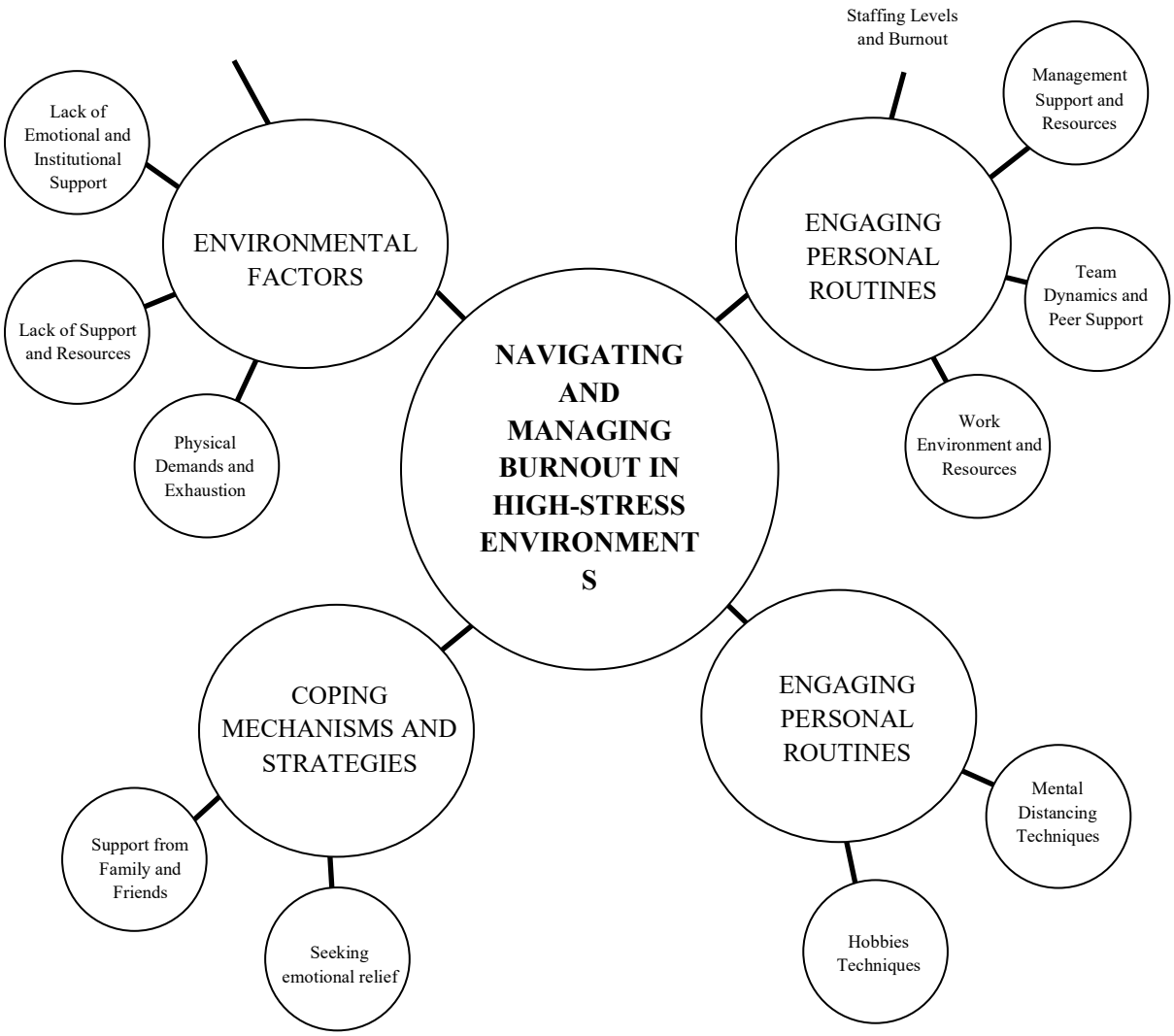


Figure 1. Schematic Diagram of the Study

This study, centered on the central theme "Navigating and Managing Burnout in High-Stress Environments," explores the interconnected elements that contribute to and address Burnout among individuals working in demanding professional settings. According to Maslach and Jackson (1981), Burnout is characterized by emotional

exhaustion, depersonalization, and reduced personal accomplishment—dimensions consistently reflected in front-line ICU staff (Moreno-Jimenez et al, 2024). At the core is the central theme of managing Burnout, which is influenced by four major themes: (1) encountered experiences, (2) environmental factors, (3) coping mechanisms, and (4) personal routines.

The first theme, Encountered Experiences, refers to the firsthand challenges faced by individuals, such as working in high-pressure environments that require constant alertness and the absence of emotional and institutional support, which can exacerbate Burnout. This theme reflects the emotional exhaustion through statements like "walking into battle," skipping meals, and crying alone due to lack of institutional support, highlighting the real-world impact of burnout symptoms.

Under this theme are the four (4) Cluster themes: (1) High-pressure environment and constant alertness, which is reflected in participant narratives describing their shifts as "a battlefield" with no time for rest or error. Studies have shown that ICU nurses experience heightened vigilance and constant threat perception, leading to chronic mental fatigue (Kang et al., 2020). (2) Lack of emotional and institutional support was evident in statements such as "walang debriefing" and "walang empathy," highlighting a systemic failure to recognize emotional trauma. This mirrors the findings of Gómez-Urquiza et al. (2017), who found that a lack of psychological support in high-stress units exacerbates burnout symptoms. Additionally, the (3) Lack of support and resources is supported by research from Dall'Ora et al. (2020), who identified that insufficient staffing, inadequate tools, and poor infrastructure significantly increase nurses' risk of Burnout. Lastly, the (4) Physical demands and exhaustion resonate with participant descriptions of 12-hour shifts

without proper breaks. This is reinforced by the study of Montgomery et al. (2021), which found that prolonged physical demands without recovery periods lead to both physical and emotional depletion among ICU nurses.

The second theme, Environmental Factors that Contribute to or Alleviate Burnout, encompasses systemic and workplace-related influences. These include staffing levels, the availability of managerial support and resources, peer dynamics within teams, and the overall work environment. These factors either intensify or help mitigate the risk of Burnout, depending on how they are managed.

Under this theme, there are four (4) Cluster themes: The (1) Staffing levels and Burnout was echoed in responses about nurses being forced to take on multiple critical patients. This is supported by Aiken et al. (2018), who concluded that poor nurse-to-patient ratios lead to higher Burnout and lower care quality. (2) Management support and resources were operationalized through statements like "walay nagtabang" and "management is not present during critical events," consistent with a study by Lu et al. (2019), which found that perceived leadership support significantly affects nurse resilience and job satisfaction. (3) Team dynamics and peer support subthemes were highlighted by participants who felt emotionally buffered when colleagues were empathetic and helpful. This finding aligns with the results of Wei et al. (2020), which demonstrate that team cohesion can mitigate the psychological effects of ICU workload. Lastly, the (4) Work environment and resources subtheme highlights how basic material shortages, lack of functional equipment, and crowded facilities contribute to occupational strain, supported by the findings of Boamah et al. (2018) on workplace environment as a determinant of nurse burnout.

The third theme, Coping Mechanisms and Personal Strategies to Manage Burnout, highlights how individuals combat Burnout through personal resilience, especially by seeking emotional support from family and friends. This theme is derived from Lazarus and Folkman's (1984) Transactional Model of Stress and Coping, which posits that individuals evaluate stressors and respond with either problem-focused or emotion-focused coping strategies.

Under this theme are two (2) Cluster Themes: (1) Support from family and friends was evident in statements like "Just hearing my daughter laugh reminds me why I do this," reflecting the role of emotional anchors. This is supported by a study by Chiang and Chang (2019), who found that social support significantly reduces Burnout and improves psychological wellbeing among nurses. (2) Seeking emotional relief involved strategies like crying privately, watching comedy, or talking to loved ones after difficult shifts. This is consistent with the findings of Jarrad and Hammad (2020), who emphasized that emotional expression through personal or social means can restore psychological balance after traumatic events.

Lastly, the fourth theme, Engaging in Personal Routines, focuses on intentional efforts to disconnect from stress, such as practicing mental distancing techniques and engaging in hobbies that promote psychological recovery and wellbeing. The subtheme 'Developing mental distancing and hobby techniques' refers to participants' efforts to psychologically detach from work through activities such as painting, reading, jogging, or walking. One participant said, "I jog on my day off—the quiet helps." This aligns with Hu et al. (2023), who found that leisure activities foster emotional recovery and reduce stress among healthcare workers. Such hobbies serve as mental reset buttons, enabling ICU

nurses to regulate stress, rebuild mental stamina, and reclaim their sense of individuality beyond their professional roles.

These themes and subthemes were derived directly from participants' spoken narratives, revealing how Burnout is experienced not just in tasks but in silence, in isolation, in the body's exhaustion, and in the mind's inability to rest. Through their own words—whether "wala gyuy time para magpahulay" or "basta makadungog lang ko sa akong anak, ma-lighten akong feeling"—participants gave vivid insight into how they both endure and resist Burnout. Together, these interconnected themes provide a comprehensive understanding of how Burnout is experienced and managed in high-stress environments, pointing toward holistic interventions that address both internal responses and external conditions.

Objectives of the Study

The primary objective of this study was to explore the encountered experiences of ICU nurses within a highly demanding work environment, specifically examining how various environmental factors influence burnout levels. By identifying the specific stressors, such as emotional strain, lack of systemic support, and role-related pressures, as well as protective factors like coping mechanisms and teamwork, the study aims to uncover the root causes and mitigating elements of Burnout. Through this qualitative inquiry, the research aims to generate evidence-based recommendations that inform healthcare policies and institutional practices aimed at improving ICU work conditions. Ultimately, the goal is to support the development of a resilient nursing workforce capable of delivering high-quality, compassionate care even in critical and emergencies.

Significance of the Study

This study has significant implications for nursing practice, particularly for ICU Nurses, healthcare management, administrators, and policy development. By understanding the relationship between work environment factors and burnout levels among adult ICU nurses, healthcare organizations can implement targeted interventions aimed at reducing Burnout and improving job satisfaction. Additionally, findings from this research contributed to the existing body of knowledge regarding nurse wellbeing. They may inform educational programs designed to prepare future nurses for the challenges they will face in critical care settings. Ultimately, enhancing nurse resilience can lead to improved patient care outcomes and a more sustainable healthcare workforce.

For ICU nurses, this led to targeted interventions that enhance the resilience and job satisfaction of nurses by linking work environment elements with levels of Burnout. In addition to managing work pressures, better resilience contributes to the overall wellbeing of nurses, reduces turnover rates, and fosters a more supportive work environment (Liu et al., 2023). Resilient nurses are more likely to remain engaged and committed to their jobs, ultimately leading to improved patient care.

For administrators, this leads to implementing mental health resources, such as training, providing access to professionals, or creating a more supportive workspace. Preventing these problems will lower expenses related to high turnover and recruitment, save money, and improve staff retention rates (Henshall et al., 2020a).

For policymakers, the findings underscore the broader implications of nurse burnout for healthcare delivery and organizational performance. Investing in nurse wellbeing is not just a human resource issue; it is a strategic imperative for healthcare

systems. The study supports the formulation of evidence-based policies that prioritize resilience training, enforce safe nurse-patient ratios, and institutionalize support programs as standard practices. As highlighted by Henshall et al. (2020b), organizations that foreground nurse resilience as a cultural competency are more likely to meet higher standards in patient safety, care quality, and staff satisfaction. Ultimately, this study advocates for the development of comprehensive policies that ensure ICU nurses are equipped, supported, and safeguarded in their roles, enabling them to deliver high-quality care even during times of crisis.

This study can also be helpful to future researchers, as it provides further insight into the existing literature on nurse resilience and wellbeing. The results serve as an initial phase towards further research into specific practices that enhance nursing resilience. It enables doing longitudinal research that examines the long-term effects of improving workplace conditions on patient care outcomes and nurse retention (Han et al., 2022). Researchers may expand upon the findings to support evidence-based practices with implications for nursing education and policy development in critical care settings.

RESEARCH METHODOLOGY

Design

This study used a qualitative case study design, this approach was suitable for exploring a specific subject regarding understanding the encountered experiences of a person and group of people especially the ICU Nurses regarding their work environment

and its influence on burnout levels by focusing on the subjective perceptions of participants; the study aimed to uncover the essence of their experiences and how this shape their burnout levels. According to Bhandari (2024), Qualitative research involves collecting and analyzing non-numeric data, such as interviews, videos, and other forms of data, to gain insights into experiences and generate new ideas for research. The Case study approach is designed to provide in-depth knowledge of the universal essences of the phenomenon being studied. A case study provides researchers with detailed, contextual, and in-depth information on an individual or group, which they can use to generalize findings across multiple units. This research design is suitable for this study, as it will enable the researchers to stay focused and manage their time and resources effectively during a large-scale investigation. Thus, this study employed the method of Yin (2018) for data analysis.

Locale of the Study

The research was conducted in one of the hospitals in Ozamiz City, Misamis Occidental. This is because Ozamiz City is a setting with a wide range of highly specialized public healthcare establishments, providing a rich context for exploring the unique challenges faced by nurses working in high-stress environments. The hospital typically serves a diverse patient population, including those with severe trauma, respiratory failure, and other critical conditions, which contributes to the demanding nature of ICU nursing.

Participants of the Study and Sampling Procedure

The participants in this study were nurses from one of the hospitals' Intensive Care Units (ICUs) in Ozamiz City, with a total of 8 participants, as data saturation was reached. The researchers used Purposive sampling techniques. Purposive Sampling is a method that

uses criteria to select participants with a specific condition, allowing the researcher to obtain the desired number of responses through recruitment or referrals—purposive Sampling. Sampling refers to a group of non-probability sampling techniques in which units are selected because they have characteristics that you need in your sample (Nikolopoulou, 2023a).

The criteria for selection of participants were the following: 1) nurses with one year and onwards of experience in ICU nursing; 2) must be currently working in one of the hospital's Intensive Care Unit (ICU); 3) has given the Consent to participate in the study; 4) available for face-to-face interview; and 5) able to recall their experiences of caring with critically ill patients. Exclusion criteria include 1) those who are not directly caring for the patient, such as nurse aides or support staff; 2) nursing students experiencing caring for patients who are critically ill during nursing practice. These inclusion and exclusion criteria enable researchers to determine which individuals from the target group can participate in the study and which cannot, resulting in a more precise dataset (Nikolopoulou, 2023b).

Data Gathering Procedure

The researchers conducted semi-structured interviews to ensure a thorough and smooth pace.

The researchers first asked permission from the Dean of the College of Nursing to conduct the data-gathering process. A letter of request was secured to implement the study. Following approval, the researchers obtained permission from the chief hospital and sent a letter to the hospital through the Professional Education Training & Research Unit (PETRU) to conduct the study. Subsequently, the researchers gathered data from the participants with their Consent or permission.

The researchers explained the nature of the study, which includes the instruments to be utilized and their time frame. Informed Consent was obtained and signed by the participants, and the researchers established rapport with them to ensure they felt comfortable sharing their thoughts. In informed Consent, the purpose of the study, the procedure of the study, the risks, and the benefits were provided. The interview lasted for 25 minutes per participant until data saturation was achieved in the eight participants.

Open-ended questions enable researchers to explore and allow participants to express their perceptions or elaborate on the thoughts they wish to convey. The researchers asked general questions, and to further elaborate or address queries, follow-up questions were asked if applicable or necessary. According to Bhat (2024), open-ended questions enable participants to express themselves, allowing the researcher to obtain detailed responses.

After ensuring the inclusion criteria were met, the scheduled interview was conducted. The interview was conducted face-to-face, using a prepared interview guide, until data saturation was achieved. At that point, no new information was discovered, thereby determining the sample size of the study. The interview was recorded, and permission was obtained from the participants to do so.

Data Analysis

The study's data analysis outlines and utilizes Yin's Framework; it is employed as the primary mode of analysis to systematically explore and interpret the phenomenon within its real-world context. Specifically, the five phases or interactions include compilation, disassemblage, reassemblage, interpretation, and the conclusive approach to the gathered data. The researchers utilized verbatim transcription, meaning that all the

information obtained from the interview had to undergo a literal translation process. The researchers also transcribed filler words such as the following ("uhm", "uh", and "kuan.") and non-verbal sounds. This further detailed the flow of the interview and provided more to analyze on how the participants were responding to their experiences as a minority.

This methodological approach was particularly suited for addressing how and why questions, especially in situations where the researchers had limited control over the events being studied. Yin's methodological approach for study formulation involves the first step of transforming the data into an interpretative format.

Data coding and classification. Every response was examined, and any noteworthy information was gathered and merged to create clusters. Data clustering provides a more linear view of the presented empirical evidence, enabling a targeted analysis plan and potentially leading to a more comprehensive explanatory model of the sample's responses.

Examining the relationships between these categories and other traits. Depending on the subgroup from which the response came, each data point was analyzed for prevalence and variance.

Arrange the information in chronological sequence. The information gathered was organized to take chronology into account in order to ascertain how recent and common their experiences were. This is a good measure of the city's general level of acceptance. This multidimensional approach ensures a rigorous, systematic, and contextually rich analysis, ultimately contributing to the reliability and depth of the qualitative findings.

To avoid bias in interpreting the data being gathered, the researchers also utilized Lincoln and Guba's Framework of Trustworthiness and Worth Value. The Lincoln and Guba framework of trustworthiness is essential for qualitative research, particularly in

studies examining complex phenomena, such as Burnout among ICU nurses. This framework encompasses four key concepts: credibility, transferability, dependability, and confirmability.

In qualitative research, ensuring credibility involves demonstrating confidence in the truth of the data and its interpretation. In the context of this study, A Case Study of Burnout in a Highly Demanding Work Environment of Intensive Care Unit (ICU) Nurses, credibility was established by accurately capturing and reporting the encountered experiences, perceptions, and emotions of ICU nurses experiencing Burnout. This was achieved through engagement with participants, repeated interviews for clarification, member checking to validate interpretations, and triangulation of data sources, including interview transcripts and field notes. These strategies ensured that the participants' voices were authentically and truthfully represented. Credibility refers to the belief in the truth of the outcome, in the context of this study. The issues addressed include how the experiences and perceptions of ICU nurses regarding the workings of ICU nurses and their feelings of Burnout have been reported.

Transferability refers to the extent to which the findings can be applied in other contexts or locations. In this case, it was necessary to ensure that a detailed and vivid description of the work carried out in the ICU and the specific factors of harassment that led to Burnout were analyzed. Although the study focuses on a specific hospital ICU environment, it provides rich, thick descriptions of the setting, work culture, stressors, and unique challenges that lead to Burnout. This detailed contextualization allows readers and future researchers to determine the relevance and applicability of the findings to similar

high-pressure healthcare environments, particularly in resource-limited or understaffed ICU settings.

Dependability is the assurance of data consistency over time and across various conditions. In this study, dependability was ensured through the maintenance of a clear audit trail, which documented all research decisions, data collection procedures, coding processes, and analytical steps. This included detailed records of interview guides, coding tables, reflections on data interpretation, and methodological shifts made throughout the research process. By following this systematic approach, the study maintains transparency, allowing other researchers to trace the research pathway and potentially replicate or build upon it (Alanazi, 2024).

Confirmability is about ensuring that the findings are determined by the participants' experiences rather than the researchers' biases and preconceived notions. In this research, confirmability was maintained through reflexivity, where the researchers continually examined their personal beliefs and potential biases throughout the study. Additionally, triangulation and the audit trail reinforced that interpretations were grounded in the data, rather than being influenced by subjective opinions. Field notes and participant quotes were consistently aligned to support emerging themes, ensuring that participants genuinely drove the conclusions.

Ethical Consideration

Ethical integrity was prioritized throughout the conduct of this qualitative case study. Prior to data collection, formal ethical approval was secured from the university. Participants were recruited voluntarily, and each was provided with an informed consent form outlining the purpose, nature, and scope of the research, as well as the voluntary

nature of their participation. Respect for the right to make decisions or to exercise one's self-determination is what autonomy means. Conducting qualitative research, particularly with ICU nurses from one hospital, requires careful attention due to the sensitive nature of their work environment and the population they serve. First, before agreeing to participate in the study, the study's purpose and methodology were explained to the participants before the interview proper, and both verbal and written informed Consent were obtained. The researchers explained to the participants the different principles and rights, especially the right of a participant to withdraw at any time if there are circumstances or situations that make them feel uncomfortable, and the right to withdraw without any consequences or compensation to the researchers. All data from the participants, including their personal information, was treated and handled with utmost anonymity and confidentiality, and should not be divulged to others who are not involved in the study, for research purposes only.

The researchers approached the participants with sensitivity, cultural sensitivity, and respect. Some participants became visibly emotional as they shared their personal experiences. However, when asked if they would like to be referred to a psychologist, they refused, responding that they were perfectly fine and that their outpourings resulted from memories of caring for patients. At that time, the participants were also provided some time to fully process their emotions before being asked whether they still wanted to continue or proceed with the interview. Beneficence was the central point of this research. The word "beneficence" denotes an act of goodness. Acknowledging the participant's cooperation, the researchers provided snacks during the face-to-face interview as a gesture of gratitude for their participation in the study.

To protect participants' confidentiality and anonymity, pseudonyms were used in transcriptions and written reports, and any identifying information was excluded. Audio recordings and interview transcripts were stored securely in password-protected digital files accessible only to the research team. Consistent with Lincoln and Guba's (1985) principles of naturalistic inquiry, credibility and trustworthiness were ensured by maintaining prolonged engagement, peer debriefing, and member checking—participants were invited to validate their interview transcripts and the interpretations drawn from their statements.

In line with this, the researchers allowed the ethics committee from the Misamis University Research Center to review the study before conducting it and submitting the requirements to a hospital. Additionally, the materials or data being gathered will be disposed of after 5 to 10 years, upon approval, through a shredding process.

RESULTS AND DISCUSSION

This chapter presents, analyzes, and interprets data gathered from ICU nurses regarding their work environment and its influence on burnout levels. Following Yin's (2018) case study approach and the principles of naturalistic inquiry by Lincoln and Guba (1985), the study captures the experiences of ICU nurses through in-depth interviews. It focuses on the credibility, transferability, dependability, and confirmability of the findings to ensure rigor and trustworthiness.

Data collection and analysis were guided by Yin's proposition-based strategy, aiming to explore the interplay between high-stress ICU environments and nurse burnout. The narratives are presented in a way that preserves the contextual richness of individual

cases while highlighting emerging patterns. To ensure anonymity and systematic referencing, participants were assigned codes as P#1, P#2, P#3, and so on.

Formulation of Initial Codes, Cluster Themes, and Main Themes of the Phenomenon: One-on-One Interview

Through in-depth, audio-recorded interviews with eight ICU nurses, a saturation point was reached, revealing shared narratives and insights about occupational Burnout. Multiple cycles of data condensation, coding, and clustering were conducted to identify recurring patterns. From the data, one overarching central theme and four major themes with corresponding subthemes were identified, capturing the multi-layered nature of burnout experiences in ICU settings.

The emerging categories from the study are: (1) Encountered Experiences of ICU Nurses Regarding Their Work Environment and Its Influence on Burnout Levels, (2) Environmental Factors that Contribute to or Alleviate Burnout, (3) Coping Mechanisms and Personal Strategies to Manage Burnout, and (4) Engaging in Personal Routines and Hobbies. Each of these categories provides critical insights into the ICU environment and offers valuable perspectives on how work conditions can impact burnout and nurse resilience.

Table 1: Initial Codes, Sub-themes and Main Themes of One-on-One Interviews

INITIAL CODES	SPECIFIC THEME	CLUSTER THEME
Constant alertness	High-pressure environment and constant alertness	Encountered Experiences

Persistent mental preoccupation		
Emotional breakdown	Lack of emotional and institutional support	
Lack of emotional check-ins		
No emotional debriefing culture		
Physical exhaustion	Physical demands and exhaustion	
Fatigue, disrupted sleep and meals		
Insufficient training	Lack of support and resources	
Lack of managerial support		
No system for emotional support		
Understaffing, workload overload	Staffing levels and burnout	Environmental Factors that Contribute to or Alleviate Burnout
Nurse-patient ratio too high		
Dependency and ripple effect of absence		
Lack of leadership responsiveness		

Lack of training and preparedness	Management support and resources	
Systemic interventions needed		
Good teamwork reduces stress	Team dynamics and peer support	
Team conflict increases stress		
Lack of materials causes frustration	Work environment and resources	
Inadequate, outdated supplies		
Emotional grounding from family	Support from family and friends	Coping Mechanisms and Personal Strategies
Emotional support through friends		
Motivation and emotional strength		
Talking relieves emotional burden		
Temporary emotional reset	Seeking emotional relief	
Relaxation through media		
Internalized emotional burden		
Isolation and silent coping		

Simple activities to release tension		
Creative expression as release	Hobbies and leisure as decompression strategies	Engaging in Personal Routines
Distraction through simple hobbies		
Escapism through reading	Developing mental distancing	
Releasing stress through movement		
Exercise as mental therapy		
Distraction but not cure		

Intensive Care Unit (ICU) nurses operate in one of the most demanding corners of healthcare, where high-stakes patient care, relentless alertness, and frequent exposure to trauma converge. The emotional, cognitive, and physical tolls of this setting drive burnout rates dramatically higher than in many other clinical environments. "Navigating and Managing Burnout in a High-Stress Environment" is a comprehensive investigation into the encountered experiences of ICU nurses, focusing on the everyday pressures they face, the environmental forces shaping their work lives, and the strategies they employ, whether personal, relational, or institutional, to maintain their wellbeing.

Theme 1: Encountered Experiences of ICU Nurses Regarding Their Work Environment and Its Influence on Burnout Levels

The first theme, “Encountered Experiences,” explored the realities of ICU nurses, focusing on the personal, practical, and emotional challenges embedded in their daily

routines. Nurses in the ICU environment are routinely exposed to situations of extreme patient acuity, frequent medical emergencies, and continuous exposure to suffering and dying. This environment cultivates a unique form of stress and requires unwavering mental and physical presence. Nurses are not only responsible for constant patient monitoring and rapid interventions, but they also bear a heavy emotional load from dealing with critically ill patients and distraught families. The cumulative effects of these stresses shape their perceptions of work, their relationships, and their mental health. This theme is vital because it provides a window into the unique pressures that contribute to Burnout in ICU-specific settings, pressures that are both external (the nature of critical care itself) and internal (individual expectations, professional standards, and emotional reactions). Literature confirms that Burnout is particularly acute among ICU nurses due to these relentless demands, emotional overload, and the persistent threat of adverse patient outcomes (Moss et al., 2016; Van Mol et al., 2015).

The repeated mention of "*constant alertness*" and "*persistent mental preoccupation*" reflects the high-stakes, uninterrupted nature of ICU work, echoing what Maslach and Leiter (2016) describe as emotional labor contributing to Burnout. The physical toll, as evidenced by "*physical exhaustion*" and "*disrupted sleep and meals*," aligns with the literature indicating that shift work and long hours can lead to burnout-related fatigue (Garrosa et al., 2010). The emotional impact is also clear: "*emotional breakdown*," "*lack of emotional check-ins*," and the absence of a "*debriefing culture*" all highlight a gap in institutional support for psychological wellbeing.

Constant alertness and persistent mental preoccupation illustrate the ongoing hyper-vigilance ICU nurses experience, even beyond their shifts. This perpetual mental

engagement leads to emotional and cognitive fatigue. According to Mealer et al. (2009), this constant state of hyper-awareness significantly contributes to emotional exhaustion and long-term psychological stress. *Emotional breakdown* often results from the cumulative pressure of high-stakes care and the absence of coping avenues. P#3 mentioned, "I had to go to the restroom just to cry it out; there is no one to talk to." This sentiment highlights a lack of emotional outlets within the unit, leading nurses to experience silent suffering. *The lack of emotional check-ins* and the *absence of a debriefing culture* signify institutional neglect of staff's emotional wellbeing. Without opportunities for processing emotionally charged events, nurses are left to internalize their trauma. Lincoln and Guba's (1985) emphasis on confirmability applies here, as participant voices reveal systemic oversights in psychosocial support.

Physical exhaustion, along with *fatigue, disrupted sleep and meals*, demonstrates how Burnout manifests somatically. Nurses often skip meals, forgo rest, and operate in a state of depletion. As reported by P#4, "Sometimes I only realize I have not eaten after the shift is over." This aligns with Maslach and Leiter's (2016) model of Burnout, which notes physical fatigue as a core symptom of emotional exhaustion. *Insufficient training*, *a lack of managerial support*, and *the absence of a system for emotional support* were commonly cited frustrations. Nurses feel ill-prepared for critical scenarios and unsupported by leadership, which intensifies their sense of vulnerability. Yin's (2018) emphasis on exploring institutional-contextual dynamics helps frame these experiences as failures of systemic design rather than personal inadequacies.

The subtheme, ***High-Pressure Environment and Constant Alertness,*** from the code constant alertness described the ICU nurses' daily reality as walking into a high-stakes

battle, stating *“Every shift feels like walking into battle.”* — P#1, P#3. This constant vigilance was echoed in the persistent mental preoccupation that even extended outside working hours: *"Sometimes, even off-duty, my mind just will not stop thinking."* — P#3, P#8. Such statements encapsulate the relentless alertness demanded by the ICU setting, which extends invasive stress into personal life. Research shows that ICU nurses routinely experience higher levels of stress and are more susceptible to Burnout than peers in other specialties due to the acuity and unpredictability of their environment (Saravanan et al., 2023).

The necessity for constant alertness has a ripple effect that extends beyond shifts, disrupting personal lives and instilling a sense of fatigue that is both physical and psychological. Nurses report intrusive thoughts and difficulties disconnecting from their roles, experiencing what the literature recognizes as persistent "mental preoccupation" (Lima et al., 2023). Chronic exposure to trauma and urgency cultivates a climate of anxiety and hypervigilance, significantly increasing vulnerability to Burnout. Research consistently identifies the ICU as a hotspot for emotional exhaustion, depersonalization, and dwindling job satisfaction, core indicators of Burnout. Nurses describe their alertness not as a professional asset, but as an emotionally draining necessity that erodes their reserves over time.

Lack of Emotional and Institutional Support. Despite shouldering heavy emotional burdens, several nurses recounted instances where, after harrowing events, there was nowhere safe to process grief or distress except in isolation, such as locking oneself in a bathroom to cry. The lack of emotional check-ins or debriefings reflects a missing safety net on both individual and institutional levels.

P#5, P#6: *"No one asks if you're still okay."*

P#4: *"I locked myself in the bathroom and cried."*

When institutions fail to acknowledge the emotional labor of ICU nursing, they inadvertently reinforce a culture of silent suffering, where staff internalize distress and loss. Such structures, or lack thereof, perpetuate chronic Burnout and even prompt some nurses to contemplate leaving the profession altogether. This is supported by research that links insufficient emotional support with higher turnover and lower job satisfaction in critical care environments.

These statements highlight an institutional gap: the absence of emotional check-ins, formal debriefings, or supportive leadership. This lack of recognition and acknowledgment fuels a sense of isolation and contributes to a workplace culture where self-suppression becomes the norm (Olaleye et al, 2022). Research indicates that ICU nurses who do not have avenues for emotional processing are more prone to depersonalization and long-term Burnout.

Lack of Support and Resources. A recurring concern among ICU nurses was the profound lack of emotional, institutional, and material support. Many felt isolated in their struggles, expected to carry heavy workloads without adequate tools, assistance, or systems in place for emotional processing. While they are entrusted with the care of critically ill patients and emotionally distressed families, they often lack the corresponding support structures to help them cope with the toll this takes.

Resource constraints further exacerbate the problem. Nurses often cite inadequate staffing, equipment shortages, and insufficient training as chronic stressors:

P#4: "*We're not ready for every situation; it feels like we're not valued."*

Codes such as "lack of training and preparedness" and "systemic interventions needed" demonstrate the urgency of structural change. Extensive studies confirm that such environmental deficits heighten Burnout, reduce job satisfaction, and compromise both nurses' wellbeing and patient safety. A recurring theme in both qualitative narratives and quantitative studies is the direct correlation between insufficient support/resources and increased stress. The physical demands of repositioning patients, responding to emergencies, and troubleshooting equipment, all without robust assistance, amplify exhaustion and feelings of being undervalued (Wudarczyk et al., 2025). This mirrors findings that a lack of institutional support, logistically and emotionally, triggers higher burnout rates and a cycle of turnover in ICUs.

Physical Demands and Exhaustion: The physical demands of ICU nursing, including physical exhaustion and fatigue, disrupted sleep, and irregular meal times, are no less challenging. Long shifts, physically demanding tasks like lifting patients or operating equipment, and the constant need to stay alert can take a heavy toll. Nurses spoke about the exhaustion they feel not just during their shifts but in the days that follow. Many of them described feeling completely drained after work, unable to gather enough energy for basic tasks outside of the hospital.

The physical realities of ICU nursing are daunting. Nurses routinely describe their work as “running marathons” without adequate opportunity for rest, nutrition, or recovery.

P#5: *“It’s extremely exhausting… sometimes I can’t even eat or sleep.”*

Physical exhaustion impairs nurses' focus, emotional regulation, and wellbeing. Al Maqbali et al. (2021) emphasized that high physical demands without proper recovery lead to increased burnout rates among ICU nurses. One participant explained that after a shift,

she did not have enough energy to even drive home without feeling completely drained. For others, even getting through a meal or spending time with family seemed impossible. The lack of physical rest is just as damaging as the emotional toll, and it all adds to the cycle of Burnout. With little opportunity to rest and recover properly, nurses are at constant risk of hitting a breaking point.

The experiences shared by adult ICU nurses reveal how a high-pressure environment, emotional stress, and lack of support contribute to Burnout. Many people feel mentally and physically drained due to the constant demands of their responsibilities and the limited time they have for recovery. Nurses often lack accessible emotional outlets, which intensifies their feelings of isolation. Studies have shown that ICU nurses face high levels of emotional exhaustion and Burnout, especially during crises like the COVID-19 pandemic (Al Maqbali et al., 2021; Galanis et al., 2021). These stressors can affect their overall wellbeing and quality of patient care (Manzano-García & Ayala, 2021).

Theme 2: Environmental Factors That Contribute to or Alleviate Burnout

While encountered experiences spotlight the direct realities of nursing, this theme emphasizes the systemic and environmental context in which those experiences occur. "Environmental Factors" considers the broader hospital and unit context, including staffing policies, management styles, teamwork, leadership practices, and available resources. This theme captures how institutional systems, peer culture, and material conditions can either amplify the pressures leading to Burnout or help buffer and alleviate them. Environmental and organizational issues are widely recognized as among the strongest predictors of nurse burnout (Aiken et al., 2012; Shanafelt et al., 2017). Understaffing, inadequate resources, a lack of support from management, and a toxic work environment or poor team dynamics

have been repeatedly linked to higher stress, greater emotional exhaustion, and higher rates of turnover. Conversely, when the work environment is supportive and resources are adequate, nurses report greater job satisfaction, less Burnout, and better patient outcomes. This theme thus acts as a bridge between individual nurse experiences and the structures within which they work.

The initial codes under Staffing levels and Burnout, like "*understaffing*," "*high nurse-patient ratio*," and the "*ripple effect of absence*," illustrate how shortages intensify pressure and emotional fatigue. These issues are consistently supported by studies, such as Aiken et al. (2012), which have linked poor nurse staffing levels to job dissatisfaction and Burnout. "*Lack of leadership responsiveness*" and "*lack of training and preparedness*" represent managerial shortfalls. According to Cimiotti et al. (2012), such systemic gaps not only affect patient outcomes but also heighten the emotional strain on nurses. These findings resonate with Yin's idea that Burnout is embedded within institutional frameworks and not merely the fault of individual inefficiencies.

Material concerns also arise: codes like "*lack of materials causes frustration*" and "*inadequate, outdated supplies*" speak to daily operational obstacles that exacerbate stress. Lincoln and Guba's concept of transferability is applicable here, as the ICU-specific problems identified may also reflect broader institutional patterns in high-demand healthcare settings. Additionally, the theme around Team dynamics and peer support is a dual-edged sword: "*good teamwork reduces stress*," while "*team conflict increases stress*." These peer-related experiences underscore the social complexities in the workplace, as peer relationships can either buffer or magnify Burnout. Studies by Bakker et al. (2006) support this by asserting that supportive colleagues are crucial in high-stress occupations.

Understaffing, workload overload, *a nurse-to-patient ratio that is too high*, and the *dependency and ripple effect* of absence underscore structural problems that exacerbate Burnout. The interdependency in ICU settings means that when one nurse is absent, the rest bear increased responsibility, sometimes to a dangerously high level. These findings are corroborated by Aiken et al. (2002), who link high nurse-patient ratios to increased Burnout and poorer patient outcomes. *Lack of leadership responsiveness* further compounds this burden. Nurses reported that repeated concerns about workload and emotional distress are often ignored. This neglect creates a perception of institutional apathy. *Systemic interventions* needed emerged as a code reflecting participants' call for structural reforms rather than temporary relief measures. As one nurse stated, "We need systems, not sympathy." This calls for policy-based changes in staffing, emotional debriefing routines, and wellness programs.

On the other hand, *good teamwork reduces stress*, while *team conflict* increases stress, highlighting the dual role of peer dynamics. Supportive teams can mitigate stress, but toxic dynamics amplify it. This duality supports findings by Halbesleben (2010), who noted that peer support has a strong influence on burnout trajectories. *Lack of materials causes frustration*, and *inadequate, outdated supplies* lead to moral distress. Nurses often feel unable to provide optimal care, which can lead to frustration and a sense of professional inadequacy. According to Ulrich et al. (2007), this kind of moral distress is a direct contributor to emotional Burnout.

The subtheme, ***Staffing Levels and Burnout,*** is one of the most frequently mentioned contributors to Burnout. Nurses shared that when there are not enough staff to handle the workload, it can lead to overwhelming stress, exhaustion, and Burnout. The

pressure of managing a high patient load with limited support leads to both emotional and physical exhaustion. The impact of this can be felt not only during shifts but also affects their mental wellbeing outside of work. One nurse explained:

P#2, P#3, P#4, P#8*: "When staff is lacking, everything feels heavier."*

A dominant concern was understaffing, with nurses noting that insufficient personnel forced unmanageable workloads and heightened stress: "Better staffing. Scheduled rest periods. Emotional debriefings." were cited as necessary interventions. The code "systemic interventions needed" shows a direct call for management action. Research robustly finds that lower nurse-patient ratios are strongly associated with higher burnout rates and adverse patient outcomes. Aiken et al. (2012) and Dall'Ora et al. (2020) provide empirical support, indicating that inadequate staffing and a lack of protected time off are strong predictors of nurse burnout and job dissatisfaction. Interventions at the management level, including the provision of training and the institutionalization of debriefing, have been shown to significantly mitigate Burnout in ICU settings (Shanafelt et al., 2017; Rushton et al., 2015).

Management Support and Resources Nurses shared both positive and negative experiences with management support. Management support and access to resources were cited as key elements in either alleviating or exacerbating Burnout. When hospital management provided adequate support, whether through providing resources or mental health assistance, nurses reported feeling less stressed and better equipped to handle their workload. Statements like "We're not ready for every situation—it feels like we're not valued" underline perceptions of weak management support and insufficient resources. Codes included "lack of training and preparedness" and the need for "systemic

interventions." When present, strong management support, open communication, and investment in resources are described by research as critical protective factors against Burnout.

P#3: *"Better staffing. Scheduled rest periods. Emotional debriefings."*

The extent to which management recognizes, validates, and supports its workforce significantly influences how nurses perceive their workplaces. Nurses who reported management indifference or poor communication also described more severe or persistent burnout symptoms.

Conversely, where supportive managers offered praise, access to continuing education, and made efforts to secure adequate resources, nurses felt protected and empowered. Evidence from hospitals with robust manager support links these practices to lower turnover and higher job satisfaction in ICUs. These interventions are repeatedly highlighted as meaningful solutions. They are well-supported by research, which shows that management-driven initiatives—offering mental health resources, ensuring adequate staffing, and institutionalizing debriefings—can reduce emotional exhaustion and improve retention (Wudarczyk et al., 2025).

Team Dynamics and Peer Support. Team dynamics were identified as another significant environmental factor that impacted Burnout. Nurses emphasized the importance of positive relationships with colleagues and how supportive teamwork helped them cope with stress. Teamwork was found to either alleviate or worsen stress:

P#1, P#4: *"When there is camaraderie, stress decreases"* shows that good teamwork reduces stress, and ***P#2:*** *"When there is conflict, the pressure increases"* shows that team conflict increases stress.

Supportive teamwork and positive peer dynamics served as critical buffers: participants valued environments where "my friends help lighten what I feel." Conversely, when peer support or collaboration was lacking, nurses felt more isolated and overwhelmed. Research emphasizes that effective team cohesion can mitigate the effects of Burnout, while poor team functioning can exacerbate stress. Positive team relationships and peer support networks have a profound buffering effect against Burnout. Nurses emphasize the importance of supportive colleagues and a collaborative environment in mitigating feelings of isolation and stress. On the contrary, dysfunctional team dynamics or poor communication are risk factors associated with job dissatisfaction and increased Burnout (Christianson et al., 2022). Supportive environments empower nurses to share burdens, learn from one another, and recover from emotionally taxing experiences. These findings align with current research, which supports the development of peer support programs as effective interventions for Burnout. (Wudarczyk et al., 2025).

Work Environment and Resources. The availability of necessary resources, including medical equipment, training, and support systems, was frequently mentioned as an important factor in either reducing or contributing to Burnout. Nurses who had access to the tools they needed felt less stressed and were able to perform their jobs more effectively.

P#5: *"When supplies are complete, we're not stressed about searching."*

The physical and organizational ICU environment—including the availability of up-to-date equipment, safe staffing ratios, and access to ongoing training—significantly impacts nurse wellbeing. Modern, well-equipped units increase nurses' confidence and safety, while poorly equipped spaces induce additional stress.

Resource scarcity forces nurses to operate in a state of constant improvisation, thereby increasing their sense of vulnerability and professional frustration. Institutional commitment to resource provision, regular equipment maintenance, and continuing education is essential. Access to adequate resources has a significant impact on burnout levels. Nurses who had the necessary tools and training reported being able to manage their workloads better and experiencing less stress. Insufficient resources, on the other hand, led to increased pressure and Burnout. This highlights the importance of providing nurses with the necessary resources to enable them to succeed. The literature supports this by showing that adequate resources, including training and equipment, are crucial for reducing stress and Burnout in healthcare workers (Brady et al., 2019).

Theme 3: Coping Mechanisms and Personal Strategies to Manage Burnout

Despite the formidable challenges faced in the ICU, not all nurses experience Burnout to the same degree. Their vulnerability is often mediated by their ability to tap into various coping mechanisms. The "Coping Mechanisms" theme explores the personal and interpersonal strategies that nurses develop and rely on to survive, recover, and persevere. Coping encompasses both proactive and reactive methods, including drawing strength from family and friends, reaching out for emotional support, and seeking comfort or distraction through non-work-related activities.

This theme is critical because it highlights the agency and resilience of ICU nurses in the face of adversity. It reveals that, while systemic issues are potent drivers of stress, individuals are not merely passive recipients; they actively and creatively manage stress through social support and personal tactics (McVicar, 2016; Hamaideh, 2011). However,

the effectiveness of coping mechanisms can be limited if organizational supports are lacking, emphasizing the interplay between personal and systemic factors.

In terms of personal coping, *emotional grounding from family*, *emotional support through friends*, and *motivation and emotional strength* show that external relationships are vital to psychological resilience. Support systems allow for emotional recovery, even if only temporarily. *Talking relieves emotional burden*, *provides a temporary emotional reset*, and *relaxation through media* represent verbal and sensory strategies used to alleviate immediate stress. As P#6 shared, "Just a quick talk with my best friend helps me sleep better." These practices, though short-lived in their effects, are essential for nightly resets. More long-term methods include *internalized emotional burden*, *isolation and silent coping*, *distraction through simple hobbies*, *escapism through reading*, and *releasing stress through movement*. These often solitary activities may not resolve the source of stress but serve as essential buffering tools.

Support from Family and Friends. A significant factor in preventing Burnout for ICU nurses is the support they receive from their families and friends. Many participants noted that having a strong support system outside of work allows them to recharge emotionally and feel understood in their struggles. This external network helps them maintain a sense of balance and perspective.

P#1: *"Just hearing my daughter laugh reminds me why I do this."*

Social support, particularly from close family, has been shown to buffer the effects of occupational Burnout and promote psychological resilience. This highlights the interconnectedness of nurses' professional and personal lives, underscoring the value of strong social networks in fostering wellbeing (Hoot et al., 2022).

Seeking Emotional Relief. The ability to seek emotional relief outside the work environment emerged as a vital coping strategy for ICU nurses experiencing Burnout. This subtheme captures how participants intentionally engage in emotionally restorative activities that help alleviate the psychological weight carried from the ICU setting. These strategies are less formal than institutional support but play a significant role in maintaining emotional balance.

P#5: *"Sometimes, even just a short conversation with family lessens the burden."*

P#1: *"After a difficult case, I took a weekend off, just stayed home, watched comedies."*

While these informal strategies provide relief, their efficacy is often limited in the absence of broader institutional support. Studies indicate that stress-relieving practices are most effective when used in conjunction with an integrated approach that includes organizational and peer support (Evans, 2022).

Theme 4: Engaging Personal Routines and Hobbies

The final theme, "Personal Routines," examines how ICU nurses strive to maintain a work-life balance and promote psychological wellbeing by establishing restorative routines and engaging in meaningful hobbies. These routines serve as preventive and recuperative buffers, helping nurses distance themselves from the psychological aftermath of critical care and fostering overall wellbeing.

The focus here is not simply on leisure, but on intentional self-care and boundary-setting strategies. By engaging in hobbies, exercise, mindfulness, or creative pursuits, nurses create time and space where work-related stress has less impact. Literature supports the association between regular self-care, leisure activities, and mental distancing with

lower levels of Burnout, better mental health, and enhanced job satisfaction (Sonnentag & Fritz, 2007; Ripp et al., 2020). However, the feasibility of these routines often depends on organizational support, scheduling, and the presence of a healthy workplace culture.

Exercise serves as mental therapy, *a distraction, but not a cure*, and *creative expression* as a means of release, showing that while these activities do not address the root causes, they help nurses maintain a functional baseline. Creative and physical expressions facilitate emotional processing through non-verbal and non-clinical means. Exercise serves as mental therapy, a distraction, but not a cure, and creative expression as a release. This shows that while these activities do not address the root causes, they help nurses maintain a functional baseline. Creative and physical expressions facilitate emotional processing through non-verbal and non-clinical means. These activities are supported by Thompson (2019), who highlights art and movement therapy as practical means of stress relief for healthcare professionals.

Mental Distancing Techniques. Cognitive distancing protects nurses' emotional health. Nurses shared how they used daily mental distancing strategies to separate themselves emotionally and cognitively from the ICU setting.

P#6: *"I read… it's a way to escape."*

P#2: *"I jog during my day off. The quiet helps."*

Engaging in activities that require concentration or provide an alternate focus helps reduce rumination on work-related stresses. Such interventions, whether reading, exercise, or mindfulness, are associated with significant reductions in emotional exhaustion and depersonalization

Mindfulness-based stress reduction (MBSR) has emerged from recent literature as an especially effective method for mental distancing and mitigating burnout symptoms among nurses. Several systematic reviews confirm its positive impact on emotional regulation, stress management, and job satisfaction (Lee, 2023).

Hobbies Techniques. Beyond casual mental distancing, some nurses described engaging more deeply with personal hobbies as structured methods of self-care. These hobbies—whether artistic, physical, or intellectual—offered predictable, soothing experiences that allowed them to regain a sense of control.

P#1: "*I paint... it helps express what I cannot say."*

P#3: *"I play with my dog. I listen to music or podcast."*

The importance of hobbies lies in their ability to foster psychological recovery by providing positive emotions, distraction, and a sense of control over one's time and self. Exercise, music, and creative pursuits confer well-documented benefits in reducing stress and promoting resilience.

These routines are most effective when supported by sufficient time, autonomy, and energy, again underscoring the necessity of broader environmental reform to permit individual recovery strategies to take root. A study by Melnyk et al. (2020) also supports this, showing that ICU nurses who regularly engage in personal hobbies report significantly lower levels of stress and compassion fatigue. These hobbies are not just time-fillers—they are resilience tools, supporting both emotional catharsis and personal identity preservation outside the caregiver role.

Notably, such activities helped participants feel like whole individuals rather than solely professionals defined by patient outcomes. In the context of Yin's case study

approach, these insights represent embedded units of analysis that reflect how individual strategies contribute to broader patterns of burnout mitigation.

According to Gómez-Urquiza et al. (2022), nurses who maintain intrinsic motivation and spiritual connection display higher resilience levels. Together, these four themes outline the intense pressures ICU nurses face, and the various environmental and personal resources they rely on to survive and continue providing care.

CONCLUSION AND RECOMMENDATIONS

This chapter presents the conclusions based on the study findings.

Conclusions

The researchers draw the following conclusion based on the study's findings.

1. The study concludes that ICU nurses in tertiary hospitals operate in an extremely high-pressure environment. Their constant exposure to emotionally charged situations, combined with urgent patient demands and the critical nature of care, contributes significantly to emotional exhaustion and depersonalization. The work environment frequently places them on the edge of mental and physical fatigue, indicating a direct relationship between ICU dynamics and burnout levels.

2. Key environmental factors such as understaffing, high patient acuity, and poor team dynamics were identified as major contributors to Burnout. However, the study also found that positive work environments, team support, and management responsiveness can serve as protective factors. Nurses who receive adequate institutional support and function within cohesive teams tend to experience lower levels of Burnout compared to those who lack such support.

3. ICU nurses utilize various coping strategies to manage the demands of their roles. Emotional support from family and friends, combined with personal activities such as exercise, reading, and leisurely routines, was found to play a crucial role in reducing stress and maintaining emotional balance. These non-institutional forms of support significantly bolster resilience and provide psychological relief from the ICU's taxing environment.

4. Finally, the study underscores the value of promoting work-life balance as a long-term solution to Burnout. Flexible work schedules, mental health days, and structured time off were considered essential for maintaining sustained emotional and physical wellbeing. A holistic approach that addresses both work conditions and personal needs is necessary to preserve the health of ICU nurses in high-stress roles.

Recommendations

Based on the findings and conclusions, the researchers recommend the following:

1. Healthcare institutions should review and reform current staffing ratios and patient assignments in ICU settings. Ensuring sufficient manpower and reducing patient load per nurse can significantly alleviate stress and promote efficiency. This approach will reduce the risk of Burnout and improve overall job satisfaction.

2. Hospitals must invest in mental health programs, such as regular psychological debriefings, peer support groups, and access to professional counseling. Establishing these systems within the workplace will help ICU nurses better process emotional stress, leading to reduced emotional exhaustion and turnover.

3. Institutions should promote activities that enhance personal resilience, such as physical wellness programs, mindfulness workshops, and structured leisure time. Nurses

should also be encouraged to maintain personal boundaries and engage in hobbies and routines that allow emotional detachment from work.

4. The study recommends that healthcare facilities invest in leadership development and team-building strategies. Leaders must be trained to recognize signs of Burnout, respond empathetically, and cultivate a culture of mutual support and open communication. A positive organizational culture led by effective management can serve as a powerful buffer against Burnout.

5. Lastly, future researchers should explore the role of leadership styles and organizational culture in either aggravating or mitigating Burnout among ICU nurses. Investigating how managerial behavior and institutional values influence nurse morale and coping capacity may offer new insights into systemic solutions for Burnout

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Appendix A: Letter of Request and Approval

MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines

COLLEGE OF NURSING, MIDWIFERY, & RADIOLOGIC TECHNOLOGY
Tel. No. (088) 521-043/Telefax No. (088) 521-2917
Email Address: mu@edu.ph

LETTER OF REQUEST

March 17, 2025

SAMMY B. TAGHOY, PhD, RN
Dean of the College of Nursing, Midwifery, and Radiologic Technology
Misamis University
Ozamiz City

Dear Dr. Taghoy,

The undersigned are Level III Nursing students of Misamis University who will conduct a research study entitled **"THE INFLUENCE OF WORK ENVIRONMENT ON BURNOUT LEVELS AMONG NURSES IN INTENSIVE CARE UNITS (ICU): A CASE STUDY"**. In partial fulfillment of the requirements for the Nursing Research 2 course, the researchers respectfully seek approval from your esteemed office to conduct the proposed study. The study is scheduled to take place in Ozamiz City, Misamis Occidental, from March 2025 to April 2025. The researchers assure that all information derived herein will be treated with utmost confidentiality.

We are looking forward to your favorable response on this matter. Thank you very much and God Bless!

Very respectfully yours:

RHEUBIE S. MELMIDA
Researcher

PEARL GRACE T. PAMA
Researcher

Noted by:

ROJAIDA P. TABANAO, MAN, RN
Adviser

Approved by:

SAMMY B. TAGHOY, PhD, RN
Dean of the College of Nursing, Midwifery, & Radiologic Technology

MAYOR HILARION A. RAMIRO SR MEDICAL CENTER
PETRU- RESEARCH UNIT
Maningcol, Ozamiz City

April 29, 2025

Rheubie S. Melmida
Pearl Grace T. Pama
Principal Investigators
Misamis University
College of Nursing, Midwifery and Radiologic Technology

Dear Ms. Melmida and Ms. Pama,

This is to inform you that your study entitled "***The Influence of Work Environment on Burnout Levels Among Nurses in Intensive Care Unit (ICU): A Case Study***" has been approved by the Technical Review Committee of this center.

You are now to proceed with the study. You are to look for a co-investigator thru MHARS. If none, inform me asap. Pass final paper to PETRU.

Thank you.

Truly yours,

MARIA NIÑA F. BANQUE, MD FPPS, FPSCCM
Research Chief
Professional Education Training Research Unit

Appendix B: Informed Consent Form

MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines
E-mail Address: mu@mu.edu.ph
College of Nursing, Midwifery and Radiologic Technology
Tel. No. (088) 521-043/Telefax No. (088) 521-2917
Email Address: mu@edu.ph

INFORMED CONSENT FORM
(PORMA SA NASABTAN NGA PAGTUGOT)

A Case Study of Burnout in a Highly Demanding Work Environment of Intensive Care Unit (ICU) Nurses

Researcher
This study is to be conducted by Melmida, Rheubie S., and Pama, Pearl Grace T., who are pursuing the degree in Bachelor of Science in Nursing at Misamis University College of Nursing, with Ms. Rojaida S. Tabanao as the adviser. The researchers can be contacted through mobile numbers: 09619081804 and 09150513005 or email address pearltpama@gmail.com and rheubiesuicomelmida@gmail.com.

Purpose of the Study
The purpose of this study is to explore the encountered experiences of ICU nurses regarding their work environment in a highly demanding task, which aims to contribute valuable insight to ICU nurses wellbeing and patient outcomes.

Description of the Research
When approval from higher up is consented, the participants are identified and build rapport. Then will be given informed consent and ask with questions through interview.

Subject Participation
Nurses from one of the hospital in Intensive Care Unit (ICU) setting with an estimation of 5 to 15 participants. The criteria for selection of participants were the following: 1) nurses with one year and onwards of experience in ICU nursing; 2) must be currently working in one of the hospitals in the Intensive Care Unit (ICU); 3) have given consent to participate in the study; 4) available for face-to-face interview; and 5) able to recall their experiences of caring with critically ill patients.

Potentials Risks and Discomforts
There may be any arising potential risk or discomforts depending on the flow of the interview as it opens first hand experiences of a nurse. If the nurse believes or feel uncomfortable, ahead during informing that she may or may not answer the following questions.

Potential Benefits

The benefit of this study to ICU Nurses — The high-pressure environment that ICU nurses work in can lead to stress and burnout. Which is why they have the most to gain from this study. Hospital administrators will also find the information collected in this study highly practical. With knowledge of the components contributing to nurse burnout, administrators can implement effective remedies that support staff health.

Informed Consent

Given the information above, I confirm that the potential harms, benefits, and alternatives have been explained to me. I have read and understood this consent form, and I understand that I am free to withdraw from my involvement in the study any time I deem it to be necessary or to seek clarifications for any unclear steps in the research process. My signature indicates my willingness to participate in the study.

_____	_____
Name and Signature of the Participant	**Date**
(Pangalan ug Lagda sa Participant)	*(Adlaw)*

Appendix C: Interview Protocol

Protocol Introduction:

- Introduce self
- Discuss the purpose
- Provide informed consent
- Provide the structure of the interview (audio recording)
- Ask if the participants have any prior questions
- Test the audio recording equipment
- Ensure that the participants feel comfortable

Core Questions:

1. What is the influence of the work environment on Burnout levels among nurses in the ICU (adult sector)?

Closing Statement:

- Thank the participants.
- Ask if he/she/they would like to see a copy of the results.
- Document any observations, feelings, thoughts, reactions, and/or non-verbal cues during the interview.

Appendix D: Transcript of One-on-One Interview

Interview Transcript: P#1

Participant Code: P#1
Interview Date: April 30, 2025
Setting: Audio-recorded, one-on-one interview

Researcher: Good afternoon! I am a student from Misamis University taking up Nursing and currently a third-year student, I am Pearl Grace T, Pama, one of the researchers of the study entitled *"A Case Study of Burnout in a Highly Demanding Work Environment of Intensive Care Unit (ICU) Nurses."* I am here to humbly ask for your participation in our study. Your insights will be extremely valuable. We assure you that the data gathered will remain confidential.

Researcher: Before po tayo magbegin, Do you have any questions po or clarifications about our study or the process po?

P#1: No, It's clear, and I'm good. Pero okay ra mag mix bisaya, tagalog ug English?

Researcher: Okay ra po.

Researcher: Start na po ako, First po, can you describe your daily experiences as an ICU nurse?

P#1: "Ano po sa set up namin, mura kag nagprepare or nag-andam kumbaga for a battle. The moment that I enter on my shift o pagpasok dito,syempre una yung endorsement tapos, vital signs checking, ahh.. diba mao man gyud na ang una natong buhaton, I know magets rapud ninyu since miagi man gud pud ta tanan ana, next ky magreview the chart again and making sure that equipments is working. Makaingon nalang gud tag wala talagang slow day dito. The mental load starts before I even clock in. Mao na dire gud"

Researcher: What does a typical shift look like for you in the ICU?

P#1: “Usually dito pinakamarami nahandle two to three critical patients but it depends pero as much as possible isa lang sana. Tapos ano ginagawa sab namo ang mag meds, document.”

Researcher: Can you share how your work environment contributes to burnout?

P#1: “Lagi kang nag-iisip kung ano ang pwedeng gawin o magkamali ka ba. Ang bigat ng pressure kasi. Pag may emergency, wala nang oras mag-isip—automatic ka na lang kumikilos.”

(Appeared emotional, paused mid-sentence, sniffled)

Researcher: Have there been moments when you felt extremely overwhelmed? Can you share one of them?

P#1: “Oo, Yung first time ko sa isa kung shift, where, naa mi gicode, syempre you couldn’t cry ky lisod na, wa tay mabuhat interventions ana, dapat thinking, I should move sa mga dapat gawin. Yun yung isa na parang inside of me kay na broken hearted gyud.”

Researcher: How do your duties at work affect your life at home?

P#1: “Pag-uwi, parang utak ko nasa ICU gapon. Hindi ako makarelax.” The situation or event at the hospital still replays in my mind, magwonder ka if naa kay na missed or wala ba. Usahay gali mura kug distant kaayu sa mga family members.

Researcher: Ngano nakafeel po ka nga mura kag distanct sa imuhang family?

P#1: Inig abot lami na matug, tas kapoy isturya sa ilaa ky basin naa na say problema atubangon niya kapoy pata sa work, mga ingana lang gd na mga instances maam.

Researcher: Ah okay po, In what ways does your work environment contribute to stress or burnout diay po? Do you see team strategies in your unit, does it help with the burnout?

P#1: "Short staffing siguro, lately man gd gina cover or take over namo ang work for another person, nagkascramble-scramble na. Pero atleast naga compensate man pd ang uban I cansay ang strategy ky bond sab." "Kung maganda ang samahan ng team, mas madali maghanap ng solusyon sa problema. Malaking tulong ang may mga ka-team ka makakatulong, lalo na kung may mga panahon na hindi mo na kayang magtrabaho ng mag-isa. Kung may team na nagtutulungan at nagkakaintindihan, bumaba ang stress. Pero kapag may hindi magkasundo ang kasama sa team, mas tumataas ang pressure."

Researcher: Are there hospital policies that affect your well-being?

P#1: "Mandatory overtime is the worst. Pero talagsa ra noon na mahitabo depende sa sitwasyon. Pero if mahitabo sya, even if you're mentally exhausted, you're still expected to perform."

Researcher: Have there been changes that helped reduce burnout?

P#1: "Recently, we started rotating ICU shifts with telemetry for recovery. That's helped a little with mental relief."

Researcher: What personal strategies do you use to cope with stress?

P#1: "I go to the gym. It's my therapy. Even 30 minutes of exercise clears my mind."

Researcher: Can you share a time when a coping mechanism helped you?

P#1: "After a difficult case, I took a weekend off, just stayed home, watched comedies. That reset helped me return better." "Minsan, kahit konting kwento lang sa pamilya, nababawasan ang bigat ng nararamdaman ko. Parang may kasangga ako."

Researcher: How important is family support?

P#1: "My wife and daughter ground me. Just hearing my daughter laugh reminds me why I do this."

Researcher: Do you engage in hobbies or wellness activities?

P#1: "Yes, I paint. Not professionally, but it helps express what I can't say."

Researcher: What would help reduce burnout in your opinion?

P#1: "More staff, proper debriefing sessions after traumatic events, and scheduled wellness programs."

Researcher: If you could change one thing in your unit, what would it be?

P#1: "I'd create a safe space where we can cry, vent, or just breathe without judgment."

Researcher: Okay sir, Salamat kaayu sir sa imong time sir na gihatag para magparticipate sa among study, grateful gud kay ko labina busy kaayu ang inyua area nagahinan gud mi nimug time. Ayaw kabalaka sir again ky everything you've shared will be treated with the utmost confidentiality and respect. Your contribution will help shape better support systems for ICU nurses. Should you wish po na maka-receive ug copy of the results, please don't hesitate to let me know.

P#1: Okay ra gang, tagaan rapud bitaw ninyu ang PETRU. Kadtu sila moi importante makadawat.

Researcher: Okay sigee sir, Salamat gyud kaayu.

Observation: Emotional tone, tears visible, long pause before continuing.

Interview Transcript: P#2

Participant Code: P#2
Interview Date: April 30, 2025
Setting: Audio-recorded, one-on-one interview

Researcher: Good afternoon po! I am Pearl Grace T, Pama, one of the researchers of the study entitled *"A Case Study of Burnout in a Highly Demanding Work Environment of Intensive Care Unit (ICU) Nurses."* Your insights will be extremely valuable.

Researcher: Before po tayo magbegin, do you have any questions po or clarifications about our study or the process po?

P#2: Okay lang, start nata gang. Pasesnsya-e kaayu ha if murag more on English or Tagolog ko mo answer tas medyo pas-pas.

Researcher: Okay ra po, walay problema po. So akong una na pangutana po kay kuan po, Can you describe your typical daily experience here as an ICU Nurse?

P#2: "It is fast-paced. I can say there is no room for mistakes. One wrong move can mean death to someone, not just someone but to your patient. Dire gd ka makaingon ug the pressure is on and it is always real, so dapat alert gd ka."

Researcher: How does staffing affect your stress?

P#2: "Kapag kulang ang mga staff, sobrang bigat ng workload. Pag-uwi ko, sobrang pagod ko na mentally at physically. Iniisip ko pa rin kung okay ang mga pasyente."

Researcher: How does that impact your personal life?

P#2: "Hindi ko na ma-enjoy oras ko sa pamilya ko. Burnout na talaga."

Researcher: How does work affect your personal life?

P#2: "I don't talk much at home anymore. I just want silence. My mom said I've become distant. I guess she's right."

Researcher: How does the environment lead to burnout?

P#2: "Kapag kulang ang mga staff, sobrang bigat na ng workload. Minsan, hindi ko na kayang maasikaso lahat ng pasyente ng maayos, tapos pag-uwi ko, sobrang pagod ko na

mentally at physically. Parang hindi na ako makapag-focus sa pamilya ko, dahil iniisip ko pa rin kung ano ang nangyari sa mga pasyente ko sa buong araw. Mahirap talagang mag-shift from work to personal life kapag ganitong setup."

P#2: "Minsan, may mga hindi magkasundo ng team members, tapos nadadala sa trabaho. Mas lalala ang stress. Yung hindi maganda ang ugali ng mga kasama, dagdag pa sa mental stress namin. Kailangan talaga ng good communication at respeto sa isa't isa."

Researcher: What coping strategies do you use?

P#2: "Nanood ako ng pelikula para makarelax. Kailangan ko ng oras na wala akong iniisip kundi sarili ko."

Researcher: Has that helped?

P#2: "Yes. It's helped me understand my triggers and calm myself before reacting."

Researcher: How do friends and family support you?

P#2: "Ang mga kaibigan ko ang nagpapagaan ng pakiramdam ko. Pag may free time, magkikita kami para magpahinga at magkwentuhan."

Researcher: Hobbies?

P#2: "I jog on my days off. The quiet helps."

Researcher: What can reduce burnout?

P#2: "Recognition, even a thank you from management. More open forums to express concerns."

Researcher: One thing you'd change?

P#2: "Make emotional debriefing mandatory after codes or deaths."

Researcher: Ah mao pd gud ma'am. Pero ma'am mangutana ko po if naa pakay laing concerns po?

P#2: Wala raman ma'am, so far kana ra gyud akong yawit-yawit mao ra gud na.

Researcher: Sige mao rato siya akong mga pangutana so far ma'am. Thank you very much for your participation. Everything you've shared will be treated with the utmost confidentiality and respect. Your contribution will help shape better support systems for ICU nurses. Should you wish to receive a copy of the results, please don't hesitate to let me know.

Interview Transcript: P#3

Participant Code: P#3
Interview Date: April 30, 2025
Setting: Audio-recorded, one-on-one interview

Researcher: Good afternoon! I am Pearl Grace T, Pama, one of the researchers of the study entitled *"A Case Study of Burnout in a Highly Demanding Work Environment of Intensive Care Unit (ICU) Nurses."* Okay ra po na mag record ko during our interview po?

P#3: Okay go lang ma'am.

Researcher: So, before po tayo magbegin, do you have any questions po or clarifications about our study or the process po?

P#3: Is it okay to use another language to answer no? Like Tagalog mix with others?

Researcher: Yes po sir. No Problem, kung aha ka comfortable po sir.

P#3: Sige go, ask lang ma'am.

Researcher: Thank you for your time kaayu sir no. To start po, can you describe your daily experience working in the ICU?

P#3: "It's intense. Every shift feels like walking into battle. You're constantly alert, constantly moving. Sometimes I forget to eat or even pee. It's that demanding."

Researcher: What is the influence of the work environment on Burnout levels among nurses in the ICU (adult sector)?

P#3: “Hindi ka pwedeng magkamali. Bawat segundo mahalaga. Lagi akong alerto. Minsan kahit off-duty, hindi pa rin humihinto ang pag-iisip. Tapos kulang pa sa tao—overtime na, pagod ka pa.”

Researcher: Has there ever been a time when you felt completely burnt out?

P#3: Yes, palagi gd na. “Laging nakatayo, paikot-ikot sa pasyente. Walang oras magpahinga. Pagkatapos ng 12-hour na shift, sobrang pagod ko. Parang tumakbo ako ng marathon.”

Researcher: Based on your experience, I’d like to ask the central question: What is the influence of the work environment on burnout levels among ICU nurses like yourself?

P#3: "Parang laging kulang kami sa tao. Minsan umaabot pa ng overtime, pero kahit ganoon pa, hindi pa rin sapat. Napapagod ako emotionally at physically. Hindi ko na kayang tapusin ang mga tasks ko ng maayos, kaya minsan may mga hindi ko napapansin o nagagawa ng tama. Sobrang hirap ng ganitong cycle. Tapos, nauurong ang iba kong pangarap sa buhay dahil sa kakulangan ng time."

Researcher: What do you feel or would you describe support from management?

P#3: “Kapag hindi naririnig ang concerns namin, parang wala kang kakampi sa trabaho. Mas nakakapagod. Paano kami makakabawi kung hindi kami tinutulungan? Parang hindi sila nakikinig sa hirap namin. Laging sa aminibinabagsak ang problema, pero wala kaming kausap tungkol dito.”

Researcher: What do you think would make a difference?

P#3: “Better staffing. Scheduled rest periods. Emotional debriefings. Even just hearing ‘you’re doing great’ can uplift someone who’s drowning.”

Researcher: Outside of work, how do you cope?

P#3: “I play with my dog. I listen to music or podcast. It’s my way of expressing what I can’t say in the hospital.”

Researcher: Maygali sir kay naa ra pud kay mga kalingawan bisag busy ra kaayu ang work environment nimo.

P#3: Ana gud na ma’am, naa ra gud sa tawo unsaon nila pagdala ilaa kaugalingon.

Researcher: Mao gud sir, bitaw sir thank you kaayu so much for your participation. Everything nga gi share nimo sir will be treated with the utmost confidentiality and respect. Your contribution will help shape better support systems for ICU nurses. Gusto ka sir na makareceive ug copy sa result, please don’t hesitate to let me know.

P#3: Sige ma’am, sendi lang mi dire or sa PETRU ma’am.

Researcher: Sa makausab sir, daghan kaayung salamat.

Observation: Spoke with urgency; crossed arms, leaned forward.

Interview Transcript: P#4

Participant Code: P#4
Interview Date: April 30, 2025
Setting: Audio-recorded, one-on-one interview

Researcher: Good day! I am Rheubie Melmida, our study entitled "A Case Study of Burnout in a Highly Demanding Work Environment of Intensive Care Unit (ICU) Nurses., will explore the experiences that you have encountered here in the ICU.

Researcher: Before anything else, do you have any questions po or clarifications about our study or the process po?

P#4: None at all, you may proceed.

Researcher: Welcome and thank you. Let's start with this: how would you describe the daily demands of working in the ICU?

P#4: "Hindi uso 'yung debriefing sa amin. Kung hindi mo kaya, mag-resign ka na lang—parang ganon ang tingin nila. Walang empathy, kahit kita mo na pagod na pagod na lahat."

Researcher: Can you recall a time you felt emotionally overwhelmed on duty?

P#4: "Yes, many times. But one stood out—when a young patient passed despite everything. I had to inform the family. I was shaking but had to stay composed. Afterward, I locked myself in the bathroom and cried."

Researcher: Are there moments when you felt that there is no support from management?

P#4: Oo especially the trainings, "Ang kulang sa training, nakakastress din. Kung may sapat na kaalaman at tools, mas madali ang trabaho. Pero kapag hindi kami handa sa lahat ng sitwasyon, parang hindi namin magampanan ng maayos ang trabaho namin. Tapos, nararamdaman namin na parang hindi kami pinahahalagahan."

Researcher: What would ideal support from the institution look like for you?

P#4: "Regular mental health check-ins. Emergency debriefing sessions. Real involvement from our leaders—not just memos and policies but presence."

Researcher: What about your peers? How important is teamwork?

P#4: "Maganda talaga kung maganda ang teamwork. Kung hindi kami magkasama-sama, parang mahirap magcope. Pero kung nagtutulungan kami, parang kahit mahirap, mas napapalakas kami. Ang pagkakaroon ng mga ka-team na may malasakit sa isa't isa ay malaking tulong, lalo na sa mga emergency na sitwasyon."

Researcher: Thank you so much for your time and for sharing your experiences today. Your insights are incredibly valuable and will greatly contribute to the understanding of nurse burnout in ICU settings. If you're interested, I'd be happy to share the results with you once the study is completed. Please take care, and thank you again.

Observation: Tone was firm, voice slightly raised at times, showed signs of frustration.

Interview Transcript: P#5

Participant Code: P#5
Interview Date: May 1, 2025
Setting: Audio-recorded, one-on-one interview

Researcher: Good day! I am Rheubie Melmida, our study entitled "A Case Study of Burnout in a Highly Demanding Work Environment of Intensive Care Unit (ICU) Nurses., will explore the experiences that you have encountered here in the ICU.

Researcher: Before anything else, do you have any questions po or clarifications about our study or the process po?

P#5: No na po, I'm good to proceed, I have read the consent form naman already.

Researcher: Thank you for agreeing to this. To begin, can you describe what a typical ICU shift is like for you?

P#5: "Grabe talaga. Lagi kang nakatayo, paikot-ikot sa pasyente. Walang pahinga. Lahat ng kilos dapat mabilis at tama. Nakakapagod sobra.

Researcher: How does this workload affect your emotional and physical health?

P#5: "Pagod na pagod talaga ako, lalo na pag uwian na. Hindi na ako makausap ng maayos sa bahay. Minsan hindi na rin ako makakain o makatulog ng maayos."

Researcher: Have you ever felt emotionally isolated at work?

P#5: “Oo, wala kang masabihan minsan. Kahit nahihirapan ka na, parang kailangan mo lang tiisin kasi trabaho mo 'yan.”

Researcher: Can you elaborate on that emotional isolation?

P#5: “Minsan parang wala talagang nagtatanong kung okay ka pa ba. Walang nagche-check. Yung stress mo, hindi napapansin. Kailangan mo lang kayang mag-isa.”

P#5: “Wala kang masabihan sa bigat ng trabaho. Parang kailangan mo lang kayanin, pero walang nagtatanong kung okay ka pa ba.”

Researcher: Does this affect your work?

P#5: Oo naman but, “Kailangan mong i-separate ang trabaho sa personal na buhay. Pag tapos na angshift, kalimutan mo na ang lahat ng nangyari.”

Researcher: Thank you. Now for the central question: In your experience, what is the influence of the ICU work environment on burnout levels?

P#5: “Malaki. Dahil sa dami ng trabaho at kulang sa suporta, talagang nauubos ka. Hindi lang katawan mo, pati isip at damdamin mo, pagod na.”

Researcher: How do you manage all of that stress personally?

P#5: “Malaking tulong ang pamilya ko, sila ang nagpapalakas sa'kin. Kapag uwi ko, sila ang nagbibigay ng lakas para magpatuloy.”

Researcher: What recommendations would you give to reduce burnout?

P#5: “Kapag kumpleto ang gamit, hindi na kami stressed sa paghahanap ng mga tools. Mas madali magtrabaho, at nakakatulong ito sa aming kalusugan. Kung may sapat na kagamitan, natutulungan kaming mag-focus sa trabaho at hindi na kami mag-aalala sa kung may kulang na gamit. Makakapagbigay kami ng mas magandang serbisyo.”

Researcher: Thank you so much for your time and for sharing your experiences today. Your insights are incredibly valuable and will greatly contribute to the understanding of nurse burnout in ICU settings. If you're interested, I'd be happy to share the results with you once the study is completed. Please take care, and thank you again.

Interview Transcript: P#6

Participant Code: P#6
Interview Date: May 1, 2025
Setting: Audio-recorded, one-on-one interview

Researcher: Good day! I am Rheubie Melmida, our study entitled "A Case Study of Burnout in a Highly Demanding Work Environment of Intensive Care Unit (ICU) Nurses., will explore the experiences that you have encountered here in the ICU.

Researcher: Before anything else, do you have any questions po or clarifications about our study or the process po?

P#6: Okay na po, I have read the consent form already.

Researcher: Okay po, thank you. Start po ako. First po na question ko ay, what is the influence of the work environment on Burnout levels among nurses in the ICU (adult sector)?

P#6: "Walang malinaw na sistema kung paano haharapin ang mga emosyonal na aspeto ng trabaho. Parang kailangan mo lang magpatuloy, kahit labis na ang pagod."

P#6: "Walang malinaw na paraan kung paano i-handle 'yung emosyonal na bigat. Parang basta trabaho lang, kahit punong-puno ka na."

P#6: "Kapag sobrang hirap, pinipilit ko mag-focus sa trabaho lang at hindi sa emosyon. Kasi kung hindi, baka mag-overwhelm ako."

P#6: parang lagi kang nakadagan ng mabigat na bato sa dibdib. Nakakaramdam ako ng pressure na hindi ko alam kung paano babangon. Mas magaan ang trabaho kapag may kasama kang mga taong may malasakit."

Researcher: How could management improve the current situation?

P#6: "Kung nakikinig ang management at nagbibigay ng suporta, mas magaan ang pakiramdam ko. Kapag may sapat na mga resources, nakakayanan ko magtrabaho ng maayos. Pero kapag wala, "Mahilig ako magbasa. Para sa akin, isang paraan ng pagtakas ang pagbabasang libro para mawala ang iniisip ko sa trabaho."

Researcher: Thank you so much for your time and for sharing your experiences today. Your insights are incredibly valuable and will greatly contribute to the understanding of nurse burnout in ICU settings. If you're interested, I'd be happy to share the results with you once the study is completed. Please take care, and thank you again.

Interview Transcript: P#7

Participant Code: P#7
Interview Date: May 1, 2025
Setting: Audio-recorded, one-on-one interview

Researcher: Good morning! I am Pearl Grace T, Pama, one of the researchers of the study entitled "A Case Study of Burnout in a Highly Demanding Work Environment of Intensive Care Unit (ICU) Nurses." Your insights will be extremely valuable.

Researcher: Before po tayo magbegin, do you have any questions po or clarifications about our study or the process po?

P#7: Wala na po.

Researcher: Okay lang po magrecord po ako for reference lang po in case I forgot the exact words po na gi ingon ninyu or to go back to the points po where wala nako na take note po.

P#7: Sure, ay naa diay koi pangutana sa pag-answer unsa na language?

Researcher: Any lang po, kung asa mo komportable po.

Researcher: Thank you for participating today diay po. Magsugod na ko po ma'am ug pangutana. So una nako na pangutana, can you tell me what a usual ICU shift feels like for you?

P#7: Magmix lang ko ha medyo tagalog lang ano ma'am, "Kapag pagod na ang katawan mo, mas mahirap mag-focus sa emosyonal naaspeto ng trabaho. Lahat ng bagay parang mas mabigat."

Researcher: So when you're physically tired, it affects your emotional response too?

P#7: "Minsan, parang hindi pinapansin ang stress ko. Kailangan lang tapusin ang trabaho, wala nang iba."

Researcher: What is the influence of the work environment on Burnout levels among nurses in the ICU (adult sector)?

P#7: "Kapag pagod ang katawan mo, pati utak mo hirap na. Mas mabigat lahat. Kailangan mo talagang mag-set ng mental boundaries. Pero mahirap gawin kapag sunod-sunod ang duty."

Researcher: What do you mean by mental boundaries?

P#7: "Para sa akin, mahalaga na may mental boundaries. Kung hindi, baka maging emosyonal na rin ako at hindi makakapag-focus."

Researcher: What could be done to help reduce this burnout?

P#7: “Kapag may access kami sa mga tools o kahit mental health support, nakakatulong talaga sa pagiging produktibo at pag-iwas sa burnout. Kung maganda ang management at nakikita nilang malaki ang epekto sa mental health namin, mas magiging epektibo kami. Dapat talaga may mga programs na nagpapaalala sa amin na hindi lang ang physical health ang importante, kundi pati ang emotional well-being.”

Researcher: So far ma’am yan lang po ba mga concerns niyo po, or do you have anything to add on po?

P#7: So far yan lang ma’am, nasabi ko naman siguro lahat. HAHHAH *(laughs)*

Researcher: Oh sige po ma’am, yun lang yung mga questions ko po. Thank you po very much for your participation sa among study. Everything you've shared will be treated with the utmost confidentiality and respect. Your contribution will surely help po in shaping a better support system for ICU nurses. Should you wish to receive a copy of the results,

P#7: Okay nato ma’am oi, atleast nakahelp sab ako sa inyua.

Researcher: Thank you kaayu once again ma’am.

Observation: Appeared exhausted, quiet tone, several sighs during interview.

Interview Transcript: P#8

Participant Code: P#8
Interview Date: May 2, 2025
Setting: Audio-recorded, one-on-one interview

Researcher: Good morning! I am Rheubie Melmida, our study entitled "A Case Study of Burnout in a Highly Demanding Work Environment of Intensive Care Unit (ICU) Nurses., will explore the experiences that you have encountered here in the ICU.

Researcher: Before anything else, do you have any questions po or clarifications about our study or the process po?

Researcher: Thank you for your time. Let's start with this: how does working in the ICU affect your mindset, even after work?

P#8: "Minsan kahit, uhm, off-duty ka na, utak mo parang nasa ICU pa rin. Iniisip mo kung may nakalimutan ka, o kung, uhm, okay pa ba 'yung, ano, pasyente. Hindi talaga humihinto yung pag-iisip."

Researcher: What is the influence of the work environment on Burnout levels among nurses in the ICU (adult sector)?

P#8: "Pagod na ako pagkatapos ng shift. Hindi ko na kayang mag-drive pauwi, pati ang magluto o makipag-usap sa pamilya, mahirap na."

Researcher: When you say that, do you mean the physical exhaustion leads to mental fatigue too?

P#8: "Tama. Kapag pagod ang katawan, kahit utak mo hindi na rin makapag-function. Lahat nagiging mabigat."

Researcher: How do you personally manage this stress?

P#8: "Naglalakad ako minsan after shift para lang makahinga. Tapos pag may oras, nood ng movie. Pero 'di talaga sapat kung araw-araw mong nararamdaman 'to."

Researcher: If you could recommend one thing to hospital leadership to help prevent burnout, what would it be?

P#8: "Simple lang—makinig sila. Tignan nila kaming tao, hindi lang staff. Bigyan kami ng sapat na break, training, at emotional support."

Researcher: Thank you so much for your time and for sharing your experiences today. Your insights are incredibly valuable and will greatly contribute to the understanding of nurse burnout in ICU settings. If you're interested, I'd be happy to share the results with you once the study is completed. Please take care, and thank you again.

REACHED THE POINT OF SATURATION

Appendix E: Tables for Uncovering Themes

Table 1: Initial Codes, Sub-themes and Main Themes of One-on-One Interviews

SIGNIFICANT STATEMENTS	INITIAL CODES	SPECIFIC THEME	CLUSTER THEME
"Every shift feels like walking into battle." (P#1, P#3) *["Every shift feels like walking into battle."]*	Constant alertness	High-pressure environment and constant alertness	Encountered Experiences
"Minsan kahit off-duty, hindi pa rin humihinto ang pag-iisip." (P#3, P#8) *["Sometimes, even off-duty, my mind just won't stop thinking."]*	Persistent mental preoccupation		
"I locked myself in the bathroom and cried." (P#4)	Emotional breakdown	Lack of emotional and institutional support	
"Walang nagtatanong kung okay ka pa ba." (P#6) *["No one asks if you're still okay."]*	Lack of emotional check-ins		
"Walang nagtatanong kung okay ka pa ba, kaya ko pa ba?" (P#5)	No emotional debriefing culture		

[No one asks if you're okay, Can I still do it?]			
"Parang tumakbo ako ng marathon." (P#3, P#5) *["It feels like I've just run a marathon."]*	Physical exhaustion	Physical demands and exhaustion	
"Nakakapagod sobra… minsan hindi na ako makakain o makatulog." (P#5) *["It's extremely exhausting… sometimes I can't even eat or sleep."]*	Fatigue, disrupted sleep and meals		
"Hindi kami handa sa lahat ng sitwasyon." (P#4) *["We're not prepared for every situation."]*	Insufficient training	Lack of support and resources	
"Parang wala kang kakampi sa trabaho." (P#3) *["It's like you have no ally at work."]*	Lack of managerial support		
"Walang malinaw na sistema kung paano haharapin ang mga emosyonal na aspeto ng trabaho." (P#6)	No system for emotional support		

[“There’s no clear system on how to deal with the emotional aspects of the job.”]			
“Kapag kulang ang staff, parang sobrang bigat.” (P#2, P#3, P#4, P#8) *[“When staff is lacking, everything feels heavier.”]*	Understaffing, workload overload	Staffing levels and burnout	Environmental Factors that Contribute to or Alleviate Burnout
“Sobrang dami ng pasyente kumpara sa amin.” (P#4, P#6) *[“There are too many patients compared to us.”]*	Nurse-patient ratio too high		
“Pag nag-absent ang isa, damay lahat.” (P#3) *[“If one is absent, everyone is involved.”]*	Dependency and ripple effect of absence		
“Kapag may samahan, nababawasan ang stress.” (P#1, P#4) *[“When there’s camaraderie, stress decreases.”]*	Good teamwork reduces stress	Team dynamics and peer support	
“Kung may hindi magkasundo, mas	Team conflict increases stress		

tumataas ang pressure.” (P#2) *[“When there’s conflict, the pressure increases.”]*			
“Kapag kumpleto ang gamit, hindi na kami stressed sa paghahanap.” (P#5) *[“When supplies are complete, we’re not stressed about searching.”]*	Lack of materials causes frustration	Work environment and resources	
“Gamit ay luma at kulang, mas lalong nakakaburnout.” (P#6) *[“Using old and inadequate equipment, it makes burnout worse.”]*	Inadequate, outdated supplies		
“Kapag hindi naririnig ang concerns namin, parang wala kang kakampi sa trabaho.” (P#3) *[“When our concerns aren’t heard, it feels like you’re all alone at work.”]*	Lack of leadership responsiveness	Management support and resources	

"Hindi kami handa sa lahat ng sitwasyon, parang hindi kami pinahahalagahan." (P#4) *["We're not ready for every situation—it feels like we're not valued."]*	Lack of training and preparedness		
"Better staffing. Scheduled rest periods. Emotional debriefings." (P#3)	Systemic interventions needed		
"Just hearing my daughter laugh reminds me why I do this." (P#1)	Emotional grounding from family	Support from family and friends	Coping Mechanisms and Personal Strategies
"Ang mga kaibigan ko ang nagpapagaan ng pakiramdam ko." (P#2) *["My friends help lighten what I feel."]*	Emotional support through friends		
"Kapag uwi ko, sila [family] ang nagbibigay ng lakas para magpatuloy." (P#5) *["When I get home, it's my family that gives me the*	Motivation and emotional strength		

strength to continue."]			
"Minsan, kahit konting kwento lang sa pamilya, nababawasan ang bigat." (P#1) *["Sometimes, even just a short conversation with family lessens the burden."]*	Talking relieves emotional burden		
"After a difficult case, I took a weekend off, just stayed home, watched comedies." (P#1)	Temporary emotional reset	Seeking emotional relief	
"Nanood ako ng pelikula para makarelax." (P#2) *["I watched a movie just to relax."]*	Relaxation through media		
"Walang masabihan minsan... kailangan mo lang tiisin." (P#5) *["Sometimes there's no one to talk to... you just have to endure."]*	Internalized emotional burden		
"Wala kang masabihan…	Isolation and silent coping		

kailangan mo lang kayanin." (P#5) *["You have no one to talk to… you just have to bear it."]*			
"Naglalakad ako minsan after shift para lang makahinga." (P#8) *["I take walks after shift just to breathe."]*	Simple activities to release tension		
"I paint… it helps express what I can't say." (P#1)	Creative expression as release	Hobbies and leisure as decompression strategies	Engaging in Personal Routines
"I play with my dog. I listen to music or podcast." (P#3)	Distraction through simple hobbies		
"Nagbabasa ako… isang paraan ng pagtakas." (P#6) *["I read… it's a way to escape."]*	Escapism through reading	Developing mental distancing	
"Jog ako during day off. The quiet helps." (P#2) *["I jog during my day off. The quiet helps."]*	Releasing stress through movement		
	Exercise as mental therapy		

"Even 30 minutes of exercise clears my mind." (P#1) *["Even 30 minutes of exercise clears my mind."]*			
"Nood ng movie, pero 'di sapat pag araw-araw mong nararamdaman 'to." (P#8) *["I watch movies, but it's not enough when you feel this every day."]*	Distraction but not cure		

Table 2: Uncovering Themes

SPECIFIC THEMES	CLUSTER THEME	MAIN THEME
High-pressure environment and constant alertness	Encountered Experiences	**Navigating and Managing Burnout in a High-Stress Environment**
Lack of emotional and institutional support		
Lack of support and resources		
Physical demands and exhaustion		
Staffing levels and burnout	Environmental Factors Contributing to or Alleviating Burnout	
Management support and resources		
Team dynamics and peer support		

Work environment and resources		
Support from family and friends	Coping Mechanisms and Personal Strategies	
Seeking emotional relief through recreation or conversation		
Mental Distancing Techniques	Engaging in Personal Routines	
Hobbies Techniques		

CURRICULUM VITAE

PEARL GRACE T. PAMA
Researcher

PERSONAL INFORMATION:

Date of Birth : October 25, 2003
Place of Birth : Ozamiz City, Misamis Occidental, Philippines
Citizenship : Filipino
Course/Program : BS Nursing
Year Level : 3rd year

EDUCATIONAL BACKGROUND:

Tertiary : **Misamis University**
H.T. Feliciano St., Aguada, Ozamiz City, Misamis Occidental
Bachelor of Science in Nursing
2022 – Present

Secondary : **Misamis University**
H.T. Feliciano St., Aguada, Ozamiz City, Misamis Occidental
Science, Technology, Engineering, and Mathematics (STEM)
2022

Primary : **UCCP Ozamiz City Christian School**
Lam-an, Ozamiz City, Misamis Occidental
2015

CURRICULUM VITAE

RHEUBIE S. MELMIDA
Researcher

PERSONAL INFORMATION:

Date of Birth **:** August 19, 2003
Place of Birth **:** Lower Sagadan, Baroy Lanao Del Norte, Philippines
Citizenship **:** Filipino
Course/Program **:** BS Nursing
Year Level **:** 3rd year

EDUCATIONAL BACKGROUND:

Tertiary : **Misamis University**
H.T. Feliciano St., Aguada, Ozamiz City, Misamis Occidental
Bachelor of Science in Nursing
2022 – Present

Secondary **: Misamis University**
H.T. Feliciano St., Aguada, Ozamiz City, Misamis Occidental
Science, Technology, Engineering, and Mathematics (STEM)
2022

Primary : **Tubod Central Elementary School**
Poblacion Tubod, LDN
2015

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