

When Caring Hurts: Exploring Compassion Fatigue among Neonatal Intensive Care Unit Nurses

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ABSTRACT

Compassion fatigue among neonatal intensive care unit (NICU) nurses is a critical occupational concern shaped by emotional, physical, relational and environmental demands, necessitating a deeper understanding of how nurses experience and manage this phenomenon to sustain resilience, well-being, and compassionate care. This study explored the lived experiences of NICU nurses in government hospitals in the southern Philippines using an existential transcendental phenomenological design guided by Moustakas' framework. Seven purposively selected nurses participated in semi-structured interviews, with data supplemented by field notes and analyzed through horizontalization, clustering of significant statements, textural and structural descriptions, and synthesis of the essence of the experience. Six major themes emerged: navigating emotional and physical demands while sustaining compassion; managing environmental pressures such as sensory overload and spatial intensity; the temporal development of resilience through repeated exposure to critical care; relational anchors including colleagues, patients, and families; material and technological aspects of care as both stressors and sources of hope; and the development of resilience and professional identity through experiential learning, reflective practice, and intentional self-care. Compassion fatigue was described as an embodied, relational and contextually situated experience influenced by organizational, environmental, and personal factors. Nurses mitigated its effects through adaptive coping strategies, relational support, and continuous professional growth. The findings highlight the need for supportive work environments, structured mentorship, stress-reduction interventions, and resilience training, while suggesting further multi-site research to enhance the transferability of results beyond the study's limited sample and regional scope.

Keywords: compassion fatigue, emotional labor, NICU nurses, phenomenology, resilience

INTRODUCTION

Healthcare systems worldwide increasingly rely on nurses who provide sustained, high-intensity care in technologically complex environments, placing them at considerable risk for occupational stress and emotional depletion. Within this global landscape of escalating clinical demands, compassion fatigue has emerged as a critical concern, particularly among nurses assigned to Neonatal Intensive Care Units (NICUs), where prolonged exposure to fragile newborns, grieving families, ethical dilemmas and high-acuity care generates profound psychological and physical strain^{1,2}. In these settings, nurses must sustain vigilance, technical precision and emotional presence while confronting infant suffering and uncertain prognoses on a daily basis. Repeated exposure to such distress often culminates in emotional exhaustion, diminished empathic capacity, and secondary traumatic stress which are core dimensions of compassion fatigue^{3,4}.

Empirical literature consistently demonstrates that compassion fatigue among NICU nurses is influenced by both individual and systemic determinants. High workload, staffing shortages, exposure to neonatal death, and inadequate institutional support significantly heighten vulnerability to burnout and secondary traumatic stress^{5,6}. Quantitative studies further indicate that resilience functions as a protective buffer, with higher resilience associated with lower emotional exhaustion and depersonalization⁷. Emotional intelligence similarly predicts

adaptive coping and reduced compassion fatigue among critical care nurses⁸. Additionally, moral distress arising from ethically complex neonatal care decisions contributes significantly to emotional burden⁹. Environmental stressors, including excessive alarm noise and high sensory stimulation, have also been linked to stress, burnout and alarm fatigue in intensive care settings^{10,11}. Although interventions such as mindfulness-based programs and loving-kindness training show promising reductions in compassion fatigue symptoms¹², the phenomenon remains pervasive within neonatal practice.

Despite growing scholarly attention, much of the existing research emphasizes prevalence rates, correlational predictors and intervention outcomes. While valuable, these approaches provide limited insight into how compassion fatigue is subjectively lived and embodied within the relational, technological and temporal realities of NICU practice. Even qualitative investigations often stop short of examining how professional identity, peer relationships, institutional culture, and meaning-making processes shape nurses' long-term adaptive responses³. Although resilience is widely acknowledged as protective⁷, less is understood about how resilience unfolds experientially and how nurses sustain compassion amid chronic exposure to suffering. A phenomenological exploration is therefore warranted to illuminate the embodied, relational, environmental, and temporal dimensions of compassion fatigue that remain underexamined.

Grounded in this gap, the present study explored the lived experiences of compassion fatigue among NICU nurses in government hospitals in the southwestern part of the Philippines. In the Philippine context, where nurses play a vital role in delivering equitable and person-centered care amid evolving health system demands¹³, understanding the emotional realities of NICU practice is essential. By centering nurses' voices and examining how compassion fatigue is experienced, interpreted, and navigated within their caregiving lifeworld, this study aimed to generate context-specific insights that extend beyond surface-level associations and inform responsive institutional support mechanisms.

METHODS

Research Design

This study used a qualitative transcendental phenomenological design to explore the lived experiences of NICU nurses with compassion fatigue. Qualitative research allows for in-depth understanding of complex human experiences through rich, descriptive data rooted in participants' perspectives.¹⁴ This approach, as described by Moustakas¹⁵, captures the essence of participants' experiences while minimizing researcher bias through *epoché*, allowing an in-depth understanding of the emotional, physical, and relational dimensions of neonatal intensive care.

Study Setting

Data were collected from selected public hospitals in southwestern Philippines, each operating NICUs providing critical care to premature and ill newborns. These hospitals face high patient volumes, limited resources, and staffing shortages, creating conditions that heighten both systemic and emotional stressors for nurses. Despite these challenges, public NICUs remain essential safety nets, offering free or subsidized care while fostering resilience, professional commitment, and a strong sense of purpose among staff.

Participants

Seven NICU nurses were purposively sampled based on the following inclusion criteria: registered nurses and assigned to NICU for at least six months, and provided informed consent. Exclusion criteria included extended leave, ongoing psychological treatment for stress or trauma, or NICU experience under six months. Participants were aged 23–35 years, with NICU experience ranging from 10 months to 13 years, including prior community nursing or overseas NICU experience. All were actively engaged in NICU care during data collection.

Table 1 Participants of the Study

Participant	Age	Civil Status	Additional Info	NICU Experience	Other Experience
Participant 1	29	Single	—	1 year 10 months	—
Participant 2	30	—	Female	2 years	4 years (Community Nursing)
Participant 3	35	Married	Mother	6 years (Philippines)	6 years (Overseas NICU)
Participant 4	32	Married	Female	5 years	1 year (Community Nursing)
Participant 5	35	Married	Female	Currently practicing in PH	6 years (Abroad NICU)
Participant 6	27	Single	—	3 years	—
Participant 7	23	Single	—	10 months	—

Research Instrument

Data were collected using a semi-structured interview guide developed from literature review and expert feedback, focusing on experiences of compassion fatigue, resilience, and coping strategies. A demographic questionnaire captured age, gender, education, and nursing experience. Field notes complemented interview data to enhance depth and context.

Data Collection Procedure

Ethical approval was obtained from the Misamis University Research Ethics Committee (MUREC) and hospital administrators. Participants were recruited via purposive sampling with written informed consent. In-depth interviews were conducted in private hospital settings or alternate locations in English, Tagalog, or Visayan, lasting approximately 30 minutes. All interviews were audio-recorded with consent, ensuring confidentiality and voluntary participation.

Ethical Considerations

Ethical safeguards included voluntary informed consent, participant anonymity, and secure storage of data. The participants did not receive any compensation, travel reimbursement, or incentives for the time spent. The researcher maintained a clear separation from clinical roles, and audio recordings and transcripts were anonymized, password-protected, and scheduled for disposal six months post-study.

Data Analysis

Data were analyzed following Moustakas’ five-step transcendental phenomenological approach. Significant statements were identified through *horizontalization*, grouped into thematic clusters and synthesized into textural and structural descriptions. Integration of these descriptions revealed the essence of compassion fatigue among NICU nurses as a deeply personal and contextually shaped experience, marked by the tension between emotional vulnerability and sustained caregiving commitment.

RESULTS

The study generated six core themes, to wit: (1) navigating emotional and physical demands while sustaining resilience and compassion, (2) navigating the pressures of the NICU environment, (3) temporal development of resilience and compassion, (4) relational anchors in sustaining resilience and managing compassion fatigue, (5) material and technological aspects: balancing stress and resilience, and (6) resilience and sense of self development through experience.

Theme 1: Navigating Emotional and Physical Demands while Sustaining Resilience and Compassion

This theme reflects the ongoing negotiation by NICU nurses of intense emotional strain and physical exhaustion

while maintaining professional compassion and inner resilience. Nurses balance the care of critically ill infants with the support of distressed families, navigating long shifts, high workloads, and the constant need for vigilance. These dual demands often culminate in fatigue and emotional exhaustion, yet nurses employ coping strategies and personal resources to sustain resilience. These experiences are lived bodily, where stress, tension, and fatigue are physically felt, while resilience and emotional regulation are embodied capacities that enable continued compassionate care.

Subtheme 1.1: Emotional and physical challenges of NICU nurses

NICU nurses described initial experiences marked by overwhelm, fear, and physical strain. Newly assigned nurses often faced heightened anxiety when first exposed to critically ill newborns, and physical demands intensified as shifts progressed. As one nurse shared, *“When I was first assigned in the NICU, I felt overwhelmed and scared since I had no experience with newborns”* (P1). Another recalled, *“By the end of the day, my back hurts and my legs felt weak after caring for critically ill newborns”* (P3). Participants acknowledged the emotional toll of compassion fatigue, describing it as *“emotionally draining, especially when caring for critically ill newborns”* (P5). These accounts illustrate that the emotional and physical burdens of NICU nursing are inseparable, with stress and fatigue manifesting in both mind and body.

Subtheme 1.2: Daily routines and responsibilities in NICU

The daily work of NICU nurses involves complex and physically demanding routines, combining technical procedures, continuous monitoring, medication administration and responding to families’ needs under high-pressure conditions. One nurse highlighted, *“Doing routines like assessing the baby, giving medications, changing diapers, and suctioning intubated patients makes the shift demanding but rewarding”* (P6). Another described the structured workflow, *“My shift begins with endorsement from the previous nurse and ends with a thorough report to the next nurse”* (P7). These routines illustrate how nurses’ bodies become both the instruments and sites of care, bearing the weight of physical strain, prolonged standing, and cognitive load.

Subtheme 1.3: Sources of inspiration and hope

Despite these demands, nurses found sources of inspiration that sustained their compassion and resilience. For many, the opportunity to care for fragile newborns reinforced a sense of purpose and professional commitment. One participant reflected, *“The chance to care for the most fragile and precious lives inspired me to choose this profession”* (P2), while another noted, *“Certain NICU equipment symbolizes life and survival, such as incubators and ventilators, giving a sense of hope”* (P4). These experiences highlight how moments of meaningful care and witnessing infants’ progress provide embodied emotional uplift and renewed energy.

Theme 2: Navigating the Pressures of the NICU Environment

NICU nurses described the clinical environment itself as a powerful force influencing emotional states, bodily responses, and coping capacity. The high-intensity setting, with constant alarms, machine noise, unpredictable emergencies, and a busy layout, creates a lived space that can amplify stress, yet also reinforce resilience and purpose.

Subtheme 2.1: Sensory overload and emotional strain

Participants consistently described the NICU as a sensory-rich environment, where constant alarms, ventilator sounds, and monitor beeps contributed to heightened stress and fatigue. One nurse stated, *“The constant sounds of alarms, monitors, and ventilators can be overwhelming, creating tension and urgency, but each small success reminds me why I continue to care despite the challenges”* (P1). Another explained, *“The sounds of alarms, the machines, and busy NICU environment can be very exhausting and stressful, but they also heighten my focus and keep me attentive to the babies’ care”* (P5). These narratives highlight that the environment’s physical and auditory elements are embodied experiences that shape nurses’ capacity to sustain compassionate care.

Subtheme 2.2: Emotional significance of NICU equipment and infants' progress

NICU equipment and infants' progress were described as imbued with emotional meaning. Equipment like incubators and ventilators symbolized protection, life, and hope. One nurse shared, *"The continuous alarm can make me feel tense and worried about babies' condition, yet incubators symbolize protection and strength in newborns fighting to grow each day"* (P4). Another reflected, *"Every improved reading, successful feed, or weight gain is a sign of progress, showing resilience for both babies and caregivers"* (P6). Such experiences illustrate how nurses derive emotional reinforcement and motivation from observing tangible signs of survival and improvement.

Subtheme 2.3: Environmental and relational supports as coping resources

Supportive environments and interpersonal relationships functioned as crucial resources for sustaining resilience. A participant noted, *"NICU environment itself is both a comfort and an emotional burden; serious and critical patients make it heavy, but supportive co-workers and family progress make the work meaningful despite fatigue"* (P2). Another shared, *"Organized spaces and personal coping strategies help restore emotional and physical energy"* (P7). These insights underscore that relational and environmental supports embedded within the NICU space are central to mitigating compassion fatigue.

Theme 3: Temporal Development of Resilience and Compassion in NICU Nursing

Nurses described resilience and compassion as capacities that develop over time, shaped by accumulated experience, reflection, and adaptation to sustained emotional and physical demands. This temporal growth transforms initial vulnerability into professional strength, emotional regulation and personal meaning.

Subtheme 3.1: Learning through experience and skill refinement

Experience in the NICU allows nurses to refine skills, strengthen empathy, and develop coping strategies. One participant explained, *"My past and present experience as a NICU nurse deeply influence my continuing journey by shaping the way I care, think, and grow both personally and professionally; every shift is a learning opportunity that refines my skills and mindset, helping me manage compassion fatigue and sustain resilience over time"* (P1). Another reflected, *"My first-year experiences in the NICU taught me valuable lessons in patience, empathy, and emotional resilience, showing me how breaks, self-care, and support from colleagues help sustain my capacity for compassionate care"* (P7).

Subtheme 3.2: Coping strategies and support systems

Nurses relied on various strategies and social supports to mitigate stress and sustain resilience. *"Over time, I have learned to cope with stress and fatigue by relying on support from my co-workers, pacing myself during long shifts, and finding meaning in infants' progress and families' gratitude"* (P2). Another stated, *"Self-awareness, brief breaks, and supportive interactions with co-workers help me cope with compassion fatigue and maintain resilience"* (P4). Participants highlighted the ongoing role of these strategies in preserving emotional well-being and sustaining compassionate care.

Subtheme 3.3: Self-awareness and emotional regulation

Long-term experience fostered the development of emotional boundaries, self-awareness, and adaptive regulation. A nurse reflected, *"My past experience has taught me the importance of emotional boundaries, self-awareness, and asking for help, allowing me to manage compassion fatigue effectively and continue providing compassionate care despite physically and emotionally demanding shifts"* (P3). Another described, *"Recognizing early signs of compassion fatigue, developing coping strategies, balancing emotional involvement with self-care, and leaning on support systems allow me to sustain resilience while providing consistent, compassionate care"* (P5).

Theme 4: Relational Anchors in Sustaining Resilience and Managing Compassion Fatigue

Interpersonal relationships emerged as central to how nurses experienced, interpreted, and endured NICU demands. Relationships functioned as anchors that either replenished resilience or intensified compassion fatigue, highlighting the relational nature of nursing work.

Subtheme 4.1: Emotional validation from colleagues

Collegial support provided emotional reassurance after distressing events. One participant explained, *“Received comfort after patient loss when a coworker acknowledged their effort”* (P1), while another shared, *“Felt strengthened when coworkers listened and affirmed accomplishments”* (P6). These examples demonstrate that emotional validation helps transform individual stress into shared support, mitigating compassion fatigue.

Subtheme 4.2: Teamwork as a buffer against fatigue

Collaborative work alleviated both emotional and physical strain. *“Emotional and physical exhaustion becomes lighter in a cooperative team”* (P2), and *“Supportive coworkers reduce stress and become motivation”* (P4). Another participant reflected, *“A colleague offering help during illness restored emotional strength”* (P5). These accounts emphasize how teamwork functions as a relational anchor that distributes workload and provides emotional reinforcement.

Subtheme 4.3: Family connection and meaning in care

Interactions with patients’ families provided motivation and a sense of purpose. *“Families’ gratitude and trust give meaning, sustaining motivation”* (P3). Another stated, *“Bonding with long-term patients felt like caring for family, renewing commitment”* (P7). Family connections offer nurses emotional support and reinforce the significance of their work, sustaining resilience in the high-pressure NICU environment.

Theme 5: Material and Technological Aspects in NICU: Balancing Stress and Resilience

NICU equipment and technology exerted a dual influence on nurses’ experiences, contributing to stress while also providing symbolic reinforcement of hope and care.

Subtheme 5.1: Equipment as a source of emotional burden

Participants described constant alarms, ventilators, and monitors as sources of stress. One nurse said, *“While the equipment is essential to patients’ care, the constant sensory and emotional demands create stress and make it harder to maintain emotional balance”* (P1). Another shared, *“The monitors and constant alarms in the NICU can increase stress and fatigue”* (P7).

Subtheme 5.2: Equipment as Symbols of Hope, Resilience and Care

Despite the stress, equipment also represented life, recovery and nursing impact. *“Tools like OGT, ventilator and phototherapy remind me of the resilience of our infants and the support we provide to help them grow”* (P3). Another reflected, *“Items such as incubators, monitors, or baby blankets remind me of resilience and hope. Every improved reading, successful feed, or weight gain is a sign of progress”* (P6). Nurses articulated that technological tools are imbued with emotional significance, reinforcing professional purpose and resilience.

Theme 6: Resilience and Sense of Self Development Through Experience

This theme captures how ongoing exposure to stress, repeated successes, and reflective practice contribute to professional identity, self-awareness, and emotional resilience.

Subtheme 6.1: Learning and adaptation over time

Early anxiety and fear gradually transformed into competence and confidence. One nurse reflected, *“On the first year, I double- and triple-checked everything ... because I was terrified of missing something. Now I use breaks, support, and self-care to stay resilient”* (P7). Another shared, *“The challenges quickly help me grow, and over time I found purpose in caring for the most fragile babies”* (P5).

Subtheme 6.2: Self-care and coping as mediators

Intentional self-care and coping strategies helped nurses maintain emotional balance. *“I take intentional breaks when I can, reflect on my emotions after difficult cases. Sometimes even taking a few deep breaths, stretching or stepping away from the monitors for a minute helps calm my mind”* (P1). Another participant described, *“Using support systems like my family, friends, and partner helps me process my emotions and maintain compassion”* (P6). Such practices served as essential mediators, preserving resilience and sustaining compassionate care despite high-stress demands.

DISCUSSIONS

This study reveals that compassion fatigue among NICU nurses is not a discrete psychological outcome but a lived, evolving condition shaped by emotional intensity, bodily strain, environmental immersion, relational dynamics and temporal growth. Across participants' narratives, compassion fatigue was experienced simultaneously in the mind and body manifested in aching backs, weakened legs, emotional heaviness, vigilance fatigue and sensory tension, while nurses continued to deliver precise and compassionate care. This embodied experience aligns with contemporary conceptualizations of compassion fatigue as an interaction between secondary traumatic stress and burnout, frequently presenting with somatic symptoms such as exhaustion, sleep disturbance and physical depletion¹⁶.

Within the NICU, where fragility and urgency define daily practice, emotional labor cannot be separated from physical endurance. The findings therefore extend prior scholarship by demonstrating that compassion fatigue is not merely emotional depletion but corporeal strain embedded in the rhythms of neonatal caregiving. Viewed through Sister Callista Roy's Adaptation Model¹⁷, these responses reflect ongoing adaptive processes to persistent focal and contextual stimuli within the NICU environment, particularly within the physiological and self-concept modes.

The cumulative burden of sustained exposure to neonatal suffering and family distress intensified both emotional and physical exhaustion. Participants described feeling overwhelmed during early assignments, fearful when handling critically ill newborns and drained after prolonged shifts. These accounts mirror research linking high-acuity exposure and repeated encounters with infant deterioration to increased compassion fatigue and moral distress^{18, 17}. Importantly, nurses did not report disengagement; rather, they articulated a tension between exhaustion and continued compassionate presence. This supports evidence that compassion fatigue develops not from lack of empathy but from prolonged empathic engagement without adequate recovery¹⁶.

The physically demanding routines of NICU practice such as continuous monitoring, medication preparation, suctioning, feeding and documentation position the nurse's body as both caregiver and carrier of strain. Technical precision and emotional attentiveness intertwine, intensifying vulnerability to fatigue while reinforcing professional commitment. For Jean Watson's Theory of Human Caring¹⁹, this sustained empathic engagement reflects the moral depth of transpersonal caring relationships, where authentic presence and emotional investment are central yet require intentional self-preservation to maintain wholeness.

Environmental immersion within the NICU further amplified stress. The constant alarms, mechanical sounds, urgent movements and spatial intensity created a sensory landscape marked by heightened physiological arousal. Empirical evidence confirms that NICU noise levels frequently exceed recommended thresholds and contribute to staff stress and cognitive overload²⁰. Alarm fatigue literature similarly identifies repetitive auditory stimuli as predictors of stress, burnout and attentional strain among intensive care nurses²¹. Participants' narratives

reflected these findings, describing tension and urgency triggered by incessant monitor alerts. Yet technology was not solely burdensome. Equipment such as incubators and ventilators symbolized vigilance, survival and hope. Improved vital signs, successful feeds and weight gain functioned as tangible affirmations of nursing impact. This dual meaning complicates alarm-fatigue discourse by illustrating how technological immersion simultaneously amplifies stress and reinforces professional purpose. Such reinterpretation of environmental stimuli demonstrates adaptive meaning-making consistent with Roy's conceptualization of coping processes and adaptive responses¹⁷ within complex systems.

The transition from novice vulnerability to professional confidence emerged as a transformative process. Early-career nurses reported fear, hypervigilance and emotional sensitivity, particularly during initial exposure to neonatal emergencies. Over time, these experiences fostered refined clinical skills, emotional boundaries and greater self-awareness. Research indicates that resilience strengthens with experience and reflective practice, contributing to lower burnout and higher professional efficacy²². Structured reflective interventions have also been shown to reduce secondary traumatic stress among nurses¹⁰. The present findings deepen this understanding by revealing resilience as a learned, embodied capacity.

Nurses described recognizing early signs of fatigue, pacing themselves during demanding shifts and integrating self-care into practice. Compassion fatigue evolved from an overwhelming force into a recognizable and manageable aspect of professional life. This developmental progression resonates with Margaret Newman's Theory of Health as Expanding Consciousness¹¹, wherein growth occurs through heightened awareness of patterns emerging from challenging life experiences.

Relational connections served as vital protective anchors against emotional depletion. Emotional validation from colleagues, collaborative teamwork, and shared processing after infant loss transformed individual burden into collective endurance. Consistent with literature demonstrating that social support reduces compassion fatigue and enhances compassion satisfaction²³, participants emphasized how coworker affirmation restored emotional strength.

Relational coping strategies are known predictors of reduced emotional exhaustion in critical care settings²⁴, and these findings reinforce that protective function. Interactions with families further renewed meaning. Expressions of gratitude, trust and long-term bonding with patients sustained nurses' sense of purpose. Compassion satisfaction, the fulfillment derived from caregiving, has been shown to coexist with compassion fatigue and buffer its negative effects²³. These relational processes reflect both Roy's interdependence mode¹⁷, wherein supportive relationships facilitate adaptive stability and Watson's emphasis on caring-healing connections¹⁹ as sources of mutual growth.

Material realities also shaped the emotional ecology of the NICU. Equipment functioned as both stressor and symbol. While constant alarms intensified cognitive strain, devices such as ventilators, phototherapy units, and feeding tubes represented growth and survival. Studies suggest that technology in critical care is emotionally mediated rather than neutral²¹. Participants' interpretations of equipment shifted according to context such as alarms signaling deterioration evoked anxiety, whereas stable readings or improvement generated hope. Thus, material objects became intertwined with emotional experience, influencing both fatigue and resilience. This evolving perception of technological stimuli illustrates adaptive integration and expanding awareness, concepts consistent with both Roy's adaptive processes¹⁷ and Newman's pattern recognition within expanding consciousness¹¹.

In totality, these findings position compassion fatigue as systemic rather than purely individual. Workload intensity, staffing pressures, sensory saturation and continuous ethical responsibility are embedded within the structural realities of NICU care. Contemporary literature cautions against framing compassion fatigue as personal weakness, emphasizing its roots in organizational and environmental conditions^{16, 7}. Participants' narratives implicitly echoed this view that resilience was necessary but insufficient without supportive teamwork, structured rest and emotional acknowledgment within the workplace. From a theoretical standpoint,

sustaining adaptation¹⁷, preserving caring integrity¹⁹, and fostering expanding professional consciousness¹¹ require environments that support, not undermine, the nurse's capacity for balance.

Ultimately, compassion fatigue among NICU nurses emerged as a paradoxical experience coexisting with deep commitment, professional growth and sustained compassion. It was embodied in physical exhaustion, shaped by sensory immersion, negotiated through relationships and transformed over time through reflection and adaptation. Rather than diminishing nurses' sense of calling, compassion fatigue became intertwined with professional identity formation. Through experience, relational support and intentional self-awareness, nurses did not eliminate fatigue but learned to carry it with greater balance and meaning. Collectively, the findings affirm that compassion fatigue reflects an adaptive, relational and developmental process, consistent with Roy's adaptive system¹⁷, Watson's caring science¹⁹ and Newman's evolving consciousness¹¹, rather than a deficit in individual endurance.

These findings highlight the need for nursing leaders to recognize compassion fatigue as a multidimensional phenomenon that encompasses physical, emotional, relational and environmental factors. Interventions such as resilience training, reflective practice, stress management and mentorship can enhance nurses' capacity to sustain compassionate care. Promoting supportive peer relationships, collaborative teamwork and optimizing work environments including noise reduction, appropriate staffing and technology integration can buffer emotional and physical strain. Integrating these strategies into nursing education and professional development may help early-career nurses transition more effectively into high-acuity settings such as the NICU. Future research may consider multi-site and mixed-methods designs to corroborate and expand these findings.

CONCLUSIONS

Based on the findings, NICU nurses sustain compassionate care in high-stress neonatal settings through an ongoing process of self-care, emotional awareness, environmental adaptation, relational support, and experiential learning. By practicing emotional regulation and intentional self-care, nurses are better able to manage the physical and emotional demands of NICU work while preserving their capacity for empathy. As they adapt to the sensory-intensive and fast-paced clinical environment, they develop the focus and emotional balance necessary for effective patient care. Over time, repeated exposure to critical situations further strengthens their resilience and deepens their empathetic understanding of infants and families. This resilience is reinforced by supportive relationships with colleagues, patients, and families, which help buffer emotional strain, while medical technologies simultaneously challenge and empower nurses by enhancing competence and confidence. Together, these experiences contribute to the development of stronger professional identity, emotional well-being, and the sustained ability to deliver compassionate care.

Limitations

A key limitation of this study is its reliance on self-reported experiences, which may have introduced social desirability bias, as participants may have moderated or framed their responses in ways perceived as professionally appropriate or socially acceptable. Additionally, the study was conducted exclusively in government hospitals within a single region in the southern Philippines, which may limit the transferability of findings to NICU nurses practicing in other geographic, institutional, or cultural contexts where workplace dynamics, healthcare resources, and sociocultural expectations differ. These contextual constraints suggest that the findings should be interpreted within the specific setting of the study, and future research involving diverse regions and healthcare settings is recommended to broaden understanding of compassion fatigue across varied NICU environments.

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