

“Wading Through Misery: Exploring the Life Experiences ICU Nurses in Caring for Terminally Ill Patients”

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ABSTRACT

This study explored the lived experiences of Intensive Care Unit (ICU) nurses in caring for terminally ill patients in selected hospitals in Pangasinan. A qualitative phenomenological research design was employed to gain an in-depth understanding of the experiences, challenges, psychological effects, coping mechanisms, and lessons learned by ICU nurses in providing end-of-life care. Purposive sampling was used to select ten ICU nurses who had at least six months of continuous experience working in an ICU and had provided care to terminally ill patients. Data were collected through semi-structured, one-on-one, in-depth interviews using open-ended questions. With the participants' consent, the interviews were audio-recorded, transcribed verbatim, and analyzed to identify significant statements, recurring patterns, themes, and sub-themes that reflected their lived experiences.

The findings revealed that ICU nurses encountered various challenges in caring for terminally ill patients, including demanding workloads, inadequate staffing, emotional difficulties, challenging interactions with patients' relatives, the need to balance professional and personal responsibilities, and concerns regarding compensation. The participants also experienced stress, frustration, emotional exhaustion, and moments of self-doubt as a result of the demands of ICU nursing and exposure to patient deterioration and death. Despite these challenges, the nurses employed various coping mechanisms, particularly faith in God, belief in themselves, positive thinking, perseverance, and support from family, friends, and coworkers. Their experiences also enabled them to develop patience, understanding, compassion, self-reliance, emotional control, and a deeper appreciation of patients and their families. The study concluded that caring for terminally ill patients is an emotionally and professionally demanding responsibility that requires resilience, effective coping strategies, supportive relationships, and continued professional development. The findings may provide useful insights for ICU nurses, hospital administrators, nursing educators, and nursing institutions in developing supportive measures that promote nurses' well-being and enhance the delivery of safe, compassionate, and quality end-of-life care.

Keywords: ICU nurses, terminally ill patients, lived experiences, phenomenology, end-of-life care, coping mechanisms, critical care nursing

INTRODUCTION

Critical care and the Intensive Care Unit (ICU) are closely related but represent distinct concepts. Critical care refers to the specialized care provided by a multidisciplinary healthcare team to patients who are seriously or critically ill, whereas the ICU refers to the designated hospital setting where this intensive care is delivered. Critical care is characterized by continuous monitoring, specialized interventions, and the use of advanced technologies to support patients with life-threatening conditions. Although the terms critical care unit, intensive care unit, and intensive therapy unit may be used interchangeably in some contexts, critical care may also extend beyond the ICU to other hospital areas where critically ill or injured patients receive specialized care, such as emergency and coronary care units. The ICU is distinguished from other hospital units by its high level of monitoring, technological support, and provision of advanced interventions for patients experiencing severe physiological instability (Lamb et al., 2023).

A terminally ill patient is an individual with an advanced, incurable, or irreversible illness that is expected to result in death. Terminal illness may occur as a result of advanced cancer, end-stage organ failure, severe neurological conditions, or other progressive diseases for which curative treatment is no longer effective. The condition may progressively impair a patient's physical functioning and may be accompanied by symptoms such as pain, difficulty breathing, weakness, fatigue, and changes in consciousness. The term terminal illness does not necessarily refer to a specific disease but rather to the stage and expected course of an illness.

In the context of critical care and intensive care nursing, terminally ill patients may require complex medical and nursing interventions to manage symptoms, maintain comfort, and address complications associated with advanced disease. Although some patients may continue to receive life-sustaining treatments, the goal of care may gradually shift from attempting to cure the underlying condition toward relieving suffering, promoting comfort, preserving dignity, and supporting the patient and family. The World Health Organization emphasizes that palliative care addresses physical, psychological, social, and spiritual suffering among patients and families facing life-threatening illnesses.

Terminal illness also has significant implications for patients' families and healthcare professionals, particularly nurses who provide continuous bedside care. Nurses may become closely involved in symptom management, communication with families, support for decision-making, emotional support, and preservation of the patient's dignity during the final stages of life. Palliative care therefore adopts a person- and family-centered approach, recognizing that the needs of terminally ill patients extend beyond physical treatment to include emotional, psychosocial, spiritual, and family needs.

For the purposes of the present study, terminally ill patients refer to individuals with incurable or irreversible, life-limiting conditions who are approaching the end of life and require intensive nursing care, symptom management, emotional support, and compassionate care. This definition is particularly relevant to ICU nurses because caring for patients whose conditions may ultimately result in death requires nurses to balance technological and life-sustaining interventions with comfort, dignity, effective communication, and support for both patients and their families.

Alanazi (2024) explored the experiences of Intensive Care Unit (ICU) nurses caring for patients at the end of life in Saudi Arabia. The study aimed to gain a deeper understanding of how ICU nurses perceive and manage the complex demands associated with providing care to patients who are approaching death. End-of-life care in the ICU can be particularly challenging because nurses are required to provide continuous clinical care while simultaneously addressing the emotional, psychological, social, and spiritual needs of patients and their families. ICU nurses may also experience emotional distress, ethical concerns, communication difficulties, and uncertainty when balancing aggressive treatment with comfort-focused care. The researcher employed a descriptive phenomenological research design to capture the nurses' lived experiences and gain an in-depth understanding of the meaning they attributed to their work. Purposive sampling was used to recruit 10 ICU nurses who had direct experience caring for patients at the end of life. Data were gathered through individual semi-structured interviews, allowing participants to freely describe their experiences, challenges, perceptions, and coping strategies. The phenomenological approach enabled the researcher to focus on the participants' personal experiences rather than merely measuring predetermined variables.

The findings generated four major themes: “feeling challenged but driven,” “holistic caring,” “collaborative working ethics,” and “caring for the undying and dying.” The theme “feeling challenged but driven” reflected the difficulties nurses encountered when caring for dying patients, including emotional burden, demanding clinical responsibilities, and the difficulty of witnessing patients' suffering and death. Despite these challenges, the nurses remained motivated to fulfill their professional responsibilities and provide the best possible care to their patients. The theme “holistic caring” demonstrated that nurses viewed end-of-life care as more than simply managing physical symptoms. They recognized the importance of providing comfort, maintaining dignity, respecting patients' needs and preferences, and offering emotional support. The nurses also recognized the importance of supporting family members who may experience fear, sadness, uncertainty, and grief during the patient's final stage of life.

The third theme, “collaborative working ethics,” highlighted the importance of teamwork and communication among nurses, physicians, and other healthcare professionals. Effective collaboration allowed nurses to participate in decision-making, coordinate patient care, address ethical concerns, and ensure that patients received appropriate and compassionate end-of-life care. The findings suggest that supportive relationships among healthcare professionals can help nurses manage the complexity of caring for dying patients. Finally, “caring for the undying and dying” reflected the nurses' experiences of caring for patients whose conditions were either potentially reversible or approaching death. Nurses had to adapt their approach according to each patient's condition while maintaining compassion, dignity, and respect. The study demonstrated that nurses develop personal and professional strategies to cope with the emotional demands of end-of-life care while continuing to fulfill their responsibilities as caregivers.

Jang et al. (2019) explored the experiences and perceptions of Intensive Care Unit (ICU) nurses regarding their professional responsibilities in providing end-of-life care. The study recognized that caring for patients who are approaching death is one of the most emotionally and professionally demanding responsibilities of ICU nurses. Unlike routine nursing care, end-of-life care requires nurses to simultaneously manage complex clinical conditions, recognize the patient's transition toward death, communicate appropriately with patients and their families, and provide compassionate care while maintaining the patient's dignity and comfort. The researchers employed a qualitative research design using focus-group interviews with 12 ICU nurses. This approach allowed the participants to openly share their experiences, perceptions, concerns, and professional challenges related to caring for dying patients. Through analysis of the participants' narratives, the researchers identified three major themes: “facing an extreme change in human existence,” “being in the presence of the patient's transition,” and “being prepared as an intensive care unit nurse.”

The first theme, “facing an extreme change in human existence,” described the nurses' experiences of witnessing significant changes in patients as they approached the end of life. ICU nurses were confronted with the reality of death and the limitations of medical interventions. This experience could evoke emotional responses among nurses while requiring them to remain professional and continue providing appropriate care. The nurses had to recognize that death is not only a biological event but also an important human experience affecting the patient, the family, and healthcare providers.

The second theme, “being in the presence of the patient's transition,” emphasized the nurses' role in accompanying patients during the transition from life toward death. The nurses experienced the responsibility of remaining present, observing changes in the patient's condition, providing comfort, and supporting both patients and family members during this critical period. Communication became particularly important because families often needed information, reassurance, and emotional support as they faced the possibility or reality of losing their loved one.

The third theme, “being prepared as an intensive care unit nurse,” highlighted the importance of adequate preparation for end-of-life care. The findings suggested that ICU nurses need appropriate knowledge, clinical skills, communication abilities, and emotional preparedness to provide quality care to dying patients. Preparation also includes the ability to recognize the dying process, communicate effectively with patients and families, participate in end-of-life decision-making, and provide care that prioritizes comfort and dignity when curative treatment is no longer appropriate.

The findings demonstrated that end-of-life care presents both emotional and professional challenges for ICU nurses. Nurses may experience sadness, emotional burden, uncertainty, and difficulty accepting the death of patients, particularly when they have developed meaningful relationships with them. Nevertheless, nurses are expected to maintain professionalism and provide compassionate, patient-centered care. The study emphasizes that effective end-of-life nursing involves not only technical competence but also empathy, effective communication, emotional presence, and an understanding of the dying process.

Taken together, these studies demonstrate that caring for terminally ill patients in the ICU is a complex experience that extends beyond the provision of technical and clinical care. ICU nurses must simultaneously manage patients' physiological needs, provide emotional and psychosocial support, communicate with families, collaborate with other healthcare professionals, and cope with their own emotional responses to death and dying.

The experiences described in previous studies also highlight the importance of preparation, resilience, supportive relationships, and effective coping strategies in enabling nurses to provide compassionate end-of-life care.

Despite existing literature on ICU nurses' experiences of end-of-life care, there remains a need to understand how nurses in the local context experience and make meaning of caring for terminally ill patients. In particular, exploring the experiences of ICU nurses in selected hospitals in Pangasinan may provide context-specific insights into the challenges they encounter, the psychological effects of their work, the coping mechanisms they employ, and the lessons they gain from caring for patients at the end of life. Understanding these experiences may help identify areas where nurses, hospital administrators, nursing educators, and healthcare institutions can provide appropriate support and interventions to promote nurses' well-being and strengthen the quality of end-of-life care.

Objectives Of The Study

The study aimed to explore and understand the lived experiences of Intensive Care Unit (ICU) nurses in caring for terminally ill patients in selected hospitals in Pangasinan. Specifically, it sought to describe the lived experiences of ICU nurses in providing care to terminally ill patients, explore their psychological and emotional experiences while delivering end-of-life care, identify the challenges and difficulties they encounter in caring for terminally ill patients, determine the coping mechanisms they use to manage these challenges, and explore the lessons, insights, and professional growth they gain from their experiences in caring for patients at the end of life.

Statement Of The Problem

The study aimed to explore and understand the lived experiences of Intensive Care Unit (ICU) nurses in caring for terminally ill patients in selected hospitals in Pangasinan. To obtain a comprehensive understanding of the phenomenon being investigated from the perspectives and experiences of the informants, specific research questions were formulated to guide the interview process. These questions served as the basis for the development of the semi-structured interview guide and facilitated an in-depth exploration of the participants' experiences, challenges, psychological and emotional responses, coping mechanisms, and lessons gained from providing end-of-life care.

Specifically, this study sought to answer the following research questions:

1. What are the lived experiences of ICU nurses in caring for terminally ill patients?
2. How do ICU nurses describe the psychological and emotional experiences they encounter while caring for terminally ill patients?
3. What coping mechanisms do ICU nurses use to manage the challenges and difficulties they encounter in caring for terminally ill patients?
4. What lessons and insights have ICU nurses gained from their experiences in caring for terminally ill patients?

METHODOLOGY

Research Design

The study employed a qualitative phenomenological research design to explore and gain an in-depth understanding of the lived experiences of Intensive Care Unit (ICU) nurses in caring for terminally ill patients. A phenomenological approach was considered appropriate because it focuses on individuals' firsthand experiences and the meanings they attach to a particular phenomenon. In this study, the approach enabled the researchers to examine the participants' experiences, perceptions, emotions, challenges, coping mechanisms, and lessons learned while providing care to patients at the end of life.

Research Setting

The study was conducted in selected public and private hospitals in Pangasinan, particularly in San Carlos City and Dagupan City. These hospitals were selected because they provide intensive and critical care services to patients with life-threatening and terminal conditions. The setting provided an appropriate context for exploring the experiences of nurses who are directly involved in the care of terminally ill patients.

Participants of the Study

The participants were registered nurses who were currently working in an ICU and had direct experience caring for terminally ill or end-of-life patients. A total of ten (10) ICU nurses participated in the study.

Purposive sampling was used to select participants who could provide relevant and meaningful information about the phenomenon being investigated. To ensure that participants had sufficient experience related to the study, the following inclusion criteria were established: participants must be registered nurses, currently assigned to an ICU, have at least six months of continuous ICU experience, and have previous experience caring for terminally ill or end-of-life patients. Nurses who did not meet the inclusion criteria or were unable to provide informed consent were excluded from the study.

Data Collection Procedure

Data were gathered through semi-structured, one-on-one, in-depth interviews using researcher-developed open-ended questions. The interview questions focused on the participants' experiences as ICU nurses, the psychological effects of caring for terminally ill patients, the challenges they encountered, the coping mechanisms they used, and the lessons they learned from their experiences.

Prior to the interviews, the participants were informed about the purpose and procedures of the study. Informed consent was obtained before data collection. With the participants' permission, the interviews were audio-recorded to ensure accurate documentation of their responses. Field notes were also taken to record relevant observations, non-verbal expressions, and contextual information observed during the interviews.

Participants were allowed to express their experiences in English, Filipino, Pangasinan, or Ilocano, depending on the language in which they were most comfortable communicating. This approach was intended to encourage participants to provide authentic and detailed descriptions of their experiences.

Data Analysis

The recorded interviews were transcribed verbatim and carefully reviewed by the researchers. The transcripts were examined to identify significant statements, recurring ideas, patterns, categories, themes, and sub-themes relevant to the research questions. The researchers focused on the meanings expressed by the participants regarding their experiences of caring for terminally ill patients. Similar responses were grouped together to identify common patterns, while unique experiences were also considered to preserve the individual perspectives of the participants. The emerging themes and sub-themes were continuously compared with the participants' narratives to ensure that the findings remained grounded in their actual experiences.

Data collection and analysis continued until data saturation was achieved. Saturation was considered to have been reached when subsequent interviews no longer produced substantially new information, concepts, or experiences relevant to the study.

Trustworthiness of the Study

The trustworthiness of the study was established using the four commonly recognized criteria of qualitative research: credibility, transferability, dependability, and confirmability.

Credibility was strengthened through the use of in-depth, semi-structured interviews that allowed participants to provide detailed descriptions of their experiences. The researchers carefully reviewed the interview transcripts to ensure that the identified themes accurately represented the participants' accounts.

Transferability was supported by providing adequate descriptions of the research setting, participants, and context of the phenomenon. These descriptions may allow readers and future researchers to determine the applicability of the findings to similar settings or populations.

Dependability was maintained through systematic documentation of the research procedures, including participant selection, data collection, transcription, and data analysis.

Confirmability was ensured by grounding the findings in the participants' actual narratives and statements. The researchers remained aware of their potential biases and sought to ensure that the interpretations reflected the participants' experiences rather than the researchers' personal assumptions.

Ethical Considerations

Ethical principles were strictly observed throughout the conduct of the study. Before participation, each participant was provided with sufficient information regarding the purpose, procedures, potential benefits, and nature of the study. Written informed consent was obtained from all participants.

Participation was voluntary, and participants were informed that they had the right to refuse to answer any question or withdraw from the study at any time without penalty or negative consequences. Confidentiality and anonymity were maintained by using codes or pseudonyms instead of participants' real names in the presentation of the findings.

All audio recordings, interview transcripts, field notes, and other research-related information were handled securely and were used solely for academic and research purposes. The researchers also ensured that information that could identify individual participants, patients, or healthcare institutions was not disclosed in the final presentation of the findings.

RESULTS AND DISCUSSION

I. Ordeal In Life

Life is characterized by various challenges and experiences that require individuals to develop resilience, patience, and determination. For ICU nurses caring for terminally ill patients, these challenges are often experienced in the workplace, in their relationships with patients and families, in their personal lives, and in their relationships with colleagues. The participants' narratives revealed that caring for terminally ill patients involves emotional, physical, interpersonal, and professional difficulties.

A. Work Challenges

The participants consistently described ICU nursing as demanding because of the critical and unpredictable conditions of their patients. Caring for terminally ill patients requires close monitoring, timely interventions, clinical competence, and emotional preparedness.

Nurse Troy: "For me, terminally ill patients are difficult to care for because their heartbeat can stop at any moment. They are the kind of patients who require intensive care. Being an ICU nurse is one of the most difficult areas of nursing because it tests your ability to face critical patients, determine the appropriate care to provide, and manage several critically ill patients at the same time. It is especially difficult when one nurse has to handle three to four critical patients alone."

Nurse Che: "For me, there is no significant difference in caring for a critically ill patient and a terminally ill patient. It may be difficult at first because you are still adjusting and learning what to do and what appropriate

care to provide. With terminally ill patients, you continue the treatment and care they require. Knowing that a patient is terminally ill does not mean that we should simply leave them; we must still provide proper care.”

Nurse Jake: “First and foremost, if you are an ICU nurse, you need to have a lot of patience because there are patients who are restless and difficult to manage. Some patients remove the tubes and other devices attached to them. It is difficult to be an ICU nurse because you need to remain patient and composed. When caring for terminally ill patients, most of the care becomes supportive because we know that their condition may deteriorate at any time.”

Nurse Natalia: “Being an ICU nurse is very difficult because you handle patients with life-threatening conditions such as cardiac problems and stroke. Some patients require tubes and mechanical support because they have difficulty breathing. In these situations, it is difficult to provide proper care because we lack nurses in our hospital. There are times when one nurse has to care for four patients alone, making it difficult to provide the level of care that each patient requires.”

Nurse Aliah: “Interacting with patients can be both rewarding and difficult. It is difficult because you care for patients knowing that their condition may deteriorate and they may die at any time. Being an ICU nurse is challenging because one mistake or one missed medication can potentially harm the patient. However, it is also rewarding when a patient who seemed to have little hope eventually survives and recovers.”

Nurse Leslie: “As an ICU nurse, I have encountered different kinds of illnesses in which patients require intensive care. Being an ICU nurse is particularly difficult when caring for terminally ill patients, especially when there are not enough nurses in the hospital. There are times when one nurse handles four patients even though some patients require intensive attention. Because of this, an ICU nurse must know what to do and must learn how to manage time effectively among all patients.”

Nurse JM: “When we talk about terminally ill patients, the situation also depends on how involved the patient's family is. Some families will do everything possible to keep their patient alive, while others may decide that they no longer want aggressive interventions. Being an ICU nurse is especially difficult during the first year because you are still learning how to perform CPR, admit patients, and manage different situations. As time goes by, you become more experienced, and these responsibilities become part of your routine.”

Nurse Pamela: “Taking care of ICU patients is very difficult and challenging. You experience patients who are fighting for their lives, which requires you to remain focused on them and ensure that all medications are administered at the correct time. As an ICU nurse, you must know what you are doing to avoid harming your patients. However, as you gain experience, you become more accustomed to the work, and it becomes easier.”

Nurse Benz: “In the ICU, you encounter patients who stay for a month or longer because they require long-term treatment. In these situations, the nurse must know what they are doing in order to contribute to the patient's improvement.”

Nurse Mau: “As ICU nurses, it is difficult to see our patients gradually deteriorate despite everything we do to help them. Sometimes their bodies can no longer respond to the medications and treatments we provide. One of the hardest parts of our work is witnessing the families mourn the loss of their loved ones.”

B. Unjust Treatment

Another challenge identified by the participants was dealing with difficult, demanding, or disrespectful family members. The nurses described experiences involving verbal aggression, accusations, threats, excessive demands, and misunderstandings regarding patient care.

Nurse Troy: “Interacting with the patient's relatives can test your patience because there are different kinds of family members. Some may curse or shout at nurses because their patient is critically ill, and they may not understand what the nurses are doing. Others are respectful. As a nurse, you need to explain the procedures and

medications being given to the patient so that the family understands what is happening and misunderstandings can be avoided.”

Nurse Che: “Patients’ family members have different attitudes. If they respect the nurses, we also respect them. However, there are times when family members shout at or threaten nurses. Sometimes you have to defend yourself when your dignity is being compromised. Nevertheless, as nurses, we still need to show that we can understand and manage these situations professionally.”

Nurse Jake: “There are different kinds of family members. Some are difficult, some are kind, and others do not follow ICU policies. Some repeatedly ask about the patient’s condition even after it has been explained several times. As a nurse, you need to remain patient because responding with anger will only create conflict. Sometimes it is better to remain calm and distance yourself from the situation.”

Nurse Natalia: “There are different kinds of family members. Some are cooperative, while others are not. Some view nurses as their personal helpers and ask nurses to perform tasks that they could do themselves. However, there are also family members who respect nurses and are willing to assist in caring for their patients.”

Nurse Aliah: “As an ICU nurse, I have experienced almost every type of family member. Some are kind and treat nurses well, while others are demanding and want the nurse to focus all their attention on their patient even though other patients also require care. I have also experienced being blamed even when I was doing what was appropriate for the patient. Despite this, I learned to remain patient and understanding.”

Nurse Leslie: “Some family members treat us like friends. They talk with us and share their feelings regarding their patient’s condition. However, there are also difficult family members who shout or curse at nurses. Sometimes they view nurses simply as helpers. As an ICU nurse, you need patience and courage when interacting with these individuals.”

Nurse JM: “Sometimes it is difficult to avoid arguments with family members, especially when they blame you despite everything you have done for their patient. To avoid conflict, we explain the procedures and interventions we perform for the patient.”

Nurse Pamela: “Family members can test your patience and emotional control. Even when you are already frustrated, you need to understand them and control your emotions to prevent conflict.”

Nurse Benz: “Some family members are kind and appreciate everything we do for their patients. They sometimes show their appreciation by giving us food or snacks. This makes us happy because we feel that our efforts are recognized. However, we also encounter family members who shout at us because they do not understand what we are explaining. In these situations, we try to understand them or avoid further conflict.”

Nurse Mau: “Some family members constantly ask about their patient’s condition. I try to tell them positive developments in the patient’s condition to help lessen their sadness. However, when it becomes clear that the patient has little chance of recovery, they sometimes blame us and say that we did not do everything possible to save their loved one.”

C. Personal Life

The participants also described the importance of separating their professional responsibilities from their personal lives. Despite demanding schedules, they attempted to spend time with family and friends and engage in activities that helped them recover from work-related stress.

Nurse Troy: “I always make sure that I have time for myself and that I separate my work time from my family and personal time. During my days off, I usually go home, spend time with my family, and sometimes go out and eat with my parents.”

Nurse Che: “During my days off, I make sure to spend time with my family, especially my children. Sometimes they complain that I spend more time at work than with them, so I explain to them that I am working for them and for our family.”

Nurse Jake: “No matter how stressful work becomes, I still find ways to do things that make me happy. During my days off, I spend time with friends, talk with them, or go out to eat. These activities help lessen my stress from work.”

Nurse Natalia: “As a nurse, you need to separate your work life from your personal life. When you are at work, your attention should be focused on your patients. When you are off duty, you should do the things and activities that make you happy.”

Nurse Aliah: “I always make sure that I have time for myself and separate my work from my family life. During my days off, I spend time with my family and go out to eat to relieve the stress and exhaustion from work.”

Nurse Leslie: “I make sure that I balance my time between work and my personal life. No matter how stressful work becomes, I still need time for myself, my family, and my friends. Going out, watching movies, or eating together makes me happy.”

Nurse JM: “As an ICU nurse, sometimes you no longer have much time for yourself, especially when working 12-hour shifts. When you arrive home, you may simply shower, eat, and sleep because you are exhausted. Fortunately, we have days off when we can do the things we enjoy.”

Nurse Pamela: “I always make sure that I have time for work, myself, and my family. During my days off, my family and I go out, attend religious services, and eat together. Sometimes I also spend time with friends or watch movies. These activities help reduce my stress from work.”

Nurse Benz: “When there are family occasions such as weddings or christenings, I make sure that I am available on my day off. Sometimes, even after a night duty, I still go out and eat with my coworkers.”

Nurse Mau: “As an ICU nurse, sometimes you cannot control your time because you are constantly thinking about your patients. However, I still make sure that I have time for myself and my family.”

D. Wage Satisfaction

Compensation was another recurring concern among the participants. Most described their salaries as inadequate in relation to the workload, responsibilities, and emotional and physical demands of ICU nursing. However, some participants considered their income sufficient for their personal needs, particularly when they were single.

Nurse Troy: “Compensation is one of the saddest parts of being a nurse in the Philippines. The work is extremely difficult, yet the salary is not high. Despite this, I continue because I believe that my sacrifices and hard work will eventually be rewarded.”

Nurse Che: “Nurses in our country do not receive a very high salary. For me, it is enough for my daily needs, but if you have a family and children, it may not be enough. During my first year, there were times when I worked hard without receiving adequate compensation.”

Nurse Jake: “One of the difficult realities of being an ICU nurse is the salary. The work is exhausting, you lose sleep, and you become tired caring for patients, yet the salary remains low. Sometimes it feels like you are overworked and underpaid.”

Nurse Natalia: “You usually start with a small salary, and it gradually increases, but even now I feel that my compensation does not match the difficulty of the work. Nursing requires dedication, hard work, and sacrifice, yet the salary may still be insufficient to meet a family's needs.”

Nurse Aliah: “To be honest, salaries in private hospitals can be low. The compensation does not always reflect the difficulty of the work. Sometimes it is discouraging to care for several patients alone while receiving a low salary. However, I continue because I need the experience for my future career.”

Nurse Leslie: “The compensation for ICU nurses is low despite the fact that we work in a specialized area. However, I continue because I need the experience, and I am still happy that I can help other people.”

Nurse JM: “Nurses in the Philippines generally receive low salaries. If you are single, your salary may be enough for yourself, but if you have a family, it may not be enough for everyday expenses.”

Nurse Pamela: “The salary can be enough when you are single because you can still purchase things you need or enjoy. However, it may not be enough to provide everything you want for your parents. I continue to endure because I believe my income will eventually improve as my career progresses.”

Nurse Benz: “During my first year, I received a small salary, but it increased over time. I am still able to contribute to my parents' everyday expenses.”

Nurse Mau: “The compensation is really low. I learned how to budget my money and prioritize the things that I truly need rather than the things that I simply want.”

II. Intellectual Affection

The second theme, Intellectual Affection, reflects the participants' growing self-awareness and maturity as they experienced the emotional, physical, and professional demands of ICU nursing. Their narratives revealed stress, frustration, emotional exhaustion, and moments of self-questioning. However, these experiences also contributed to greater self-understanding, acceptance, resilience, and professional maturity.

Nurse Troy: “Being an ICU nurse is difficult, and you cannot avoid stress because you care for terminally ill and critically ill patients. When a patient experiences cardiac arrest, you need to perform CPR in an attempt to revive the patient. At the same time, the work can be frustrating because the workload is demanding and the salary is low.”

Nurse Che: “There are times when I question whether becoming a nurse was the right decision. Sometimes, even after I arrive home, coworkers still call to ask about medications or patient care. Instead of resting, I still have to attend to work-related concerns. This system can be stressful because much of our time is focused on our patients. As an ICU nurse, you need a great deal of patience.”

Nurse Jake: “Recently, my mother became my patient in the ICU. It was extremely difficult and stressful because I was the one administering medications and assisting the physician with procedures when she had difficulty breathing. It was especially painful to be an ICU nurse when your own family member is the patient. However, life must continue, and we need to accept what happened and move forward.”

Nurse Natalia: “As an ICU nurse, you experience many different emotions. Sometimes you feel that your seniors only notice your mistakes even when you are doing things correctly. You may feel that you are giving your best, but it is still not enough. Family members may also express their frustration toward you when their patients become critically ill. These experiences can become very frustrating.”

Nurse Aliah: “Being an ICU nurse can be very stressful. Sometimes you think about quitting because the work is difficult and the salary is not enough. However, I continue thinking about the patients whom I am able to help.”

Nurse Leslie: “As an ICU nurse, stress is unavoidable, especially when patients are critically ill and their relatives are also demanding. Sometimes the duty becomes so difficult that you feel like crying or resigning. However, I continue doing my best to fulfill my responsibilities.”

Nurse JM: “As an ICU nurse, you can become stressed because of patients' families. Even when you repeatedly explain the patient's condition, they may continue asking questions. Recently, my cousin was admitted to the ICU and eventually died there. It was one of the saddest and most stressful experiences for me because I could help care for other people, but I could not save my own family member.”

Nurse Pamela: “As an ICU nurse, you experience many stressful and demanding situations. Even when you are hungry, you sometimes cannot eat because the patient needs you. When this is combined with the low salary, you sometimes question whether you chose the right profession.”

Nurse Benz: “There are times when you ask yourself whether you are still happy with your job. Caring for patients is difficult, yet the salary may not seem appropriate for the exhaustion and sleeplessness you experience. Sometimes you cannot even drink water or sit down because you spend many hours continuously caring for patients.”

Nurse Mau: “I cannot count how many times I have experienced stress because it is unavoidable in our work. Due to exhaustion and lack of sleep, there are times when you think about resigning and not returning to work. However, you continue because you know that there are patients who depend on you.”

III. Striving The Challenge

To succeed means to face and overcome challenges rather than simply avoid them. The ability to endure difficult experiences can foster resilience, determination, and personal growth. For ICU nurses caring for terminally ill patients, strength may come from faith, personal beliefs, supportive relationships, and the motivation to continue despite adversity.

A. Faith in God

Faith emerged as an important source of strength for the participants. Prayer and religious practices were commonly used before and after duty to seek guidance, protection, strength, and emotional support.

Nurse Troy: “One of my sources of strength in overcoming challenges at work is God. I always pray for guidance before going to work. I ask that my duty will end well and that I will be able to provide proper care to my patients.”

Nurse Che: “Whenever I go to work or while I am traveling to work, I pray that God will guide me and keep my patients safe.”

Nurse Jake: “We put God first in everything we do. We need to have faith in Him because there is a solution to every challenge we encounter.”

Nurse Natalia: “Before going to duty, I pray and ask God to guide me in caring for my patients and to give me the strength and ability to provide the care they need.”

Nurse Aliah: “One way I overcome problems is through prayer. I ask God for guidance and protection because we never know what may happen during a duty.”

Nurse Leslie: “I always turn to God. I ask for guidance and strength so that I can overcome whatever problem or difficult duty I may encounter because I know that He is always there to guide and support me.”

Nurse JM: “There are times when I am too exhausted to attend religious services, but that does not mean I have forgotten God. Before going to sleep, I always pray for guidance and for the recovery of my patients.”

Nurse Pamela: “I always make time for religious activities because this is one of the ways I overcome the problems I encounter.”

Nurse Benz: “During my days off, I pray for God's guidance in my work, for strength in dealing with patients and their families, and for physical strength to continue caring for my patients.”

Nurse Mau: “Before my duty, I pray that God will guide me and help me finish my work properly. After duty, I pray again to give thanks for completing my work safely and without harming my patients.”

B. Belief in Self

Aside from faith in God, the participants identified self-confidence, positive thinking, perseverance, and motivation as important sources of strength.

Nurse Troy: “I always tell myself that whatever problem comes my way, I will be able to overcome it. Everything I do is for my family and my dreams. I believe that the difficulties I am experiencing now will eventually lead to something better.”

Nurse Che: “I am proud to be an ICU nurse because I have overcome the challenges I have encountered. I always tell myself that if others can do it, I can do it too, and I can overcome every challenge.”

Nurse Jake: “I always tell myself to be a better person than yesterday and that I can endure and overcome every challenge I encounter.”

Nurse Natalia: “I motivate myself by telling myself that I am already here, so why should I give up? Whatever happens, I will continue because I believe that all my sacrifices will eventually have a positive outcome.”

Nurse Aliah: “I encourage myself to believe that I can overcome every challenge. If others can do it, I can do it too. I remind myself that I have already come this far, so there is no reason to give up.”

Nurse Leslie: “I always tell myself that I can overcome all the challenges I am experiencing. I strengthen myself and believe that all the difficulties I experience are part of God's plan.”

Nurse JM: “You need to be strong to endure and overcome life's challenges. Once you have started something, there is no reason to give up.”

Nurse Pamela: “No matter how difficult it is to be an ICU nurse or whatever problem comes, I remind myself that I can overcome everything with the support of my family and God.”

Nurse Benz: “This is the profession I chose, so there is no reason to give up. I want to prove that I can care for and help others. Seeing patients smile and express gratitude for the care I provide is priceless.”

Nurse Mau: “One of the things I have learned as an ICU nurse is to trust myself because no one will trust you if you do not trust yourself and believe that you can overcome your problems.”

C. Significant Others

The participants also identified family members, friends, and coworkers as important sources of emotional and practical support.

Nurse Troy: “One of the best ways to overcome problems is through the support of family. I am proud of my family because they are always there to support and help me. They remind me that if I was able to pass the nursing board examination, I can also overcome the problems I encounter at work.”

Nurse Che: “To overcome problems, it helps to have a heart-to-heart conversation with parents, coworkers, and friends because they are among the people who support you through difficult situations.”

Nurse Jake: “My family and friends are always there to comfort and support me through the challenges I experience.”

Nurse Natalia: “Sometimes work becomes very difficult, and you need friends who can accompany and support you. I am fortunate to have friends who are always there to remind me that I am not alone.”

Nurse Aliah: “I am able to overcome my challenges at work because of the support of my ICU coworkers. They motivate me and help me whenever there are things I do not know.”

Nurse Leslie: “My family plays a major role in helping me overcome problems at work because they are always there to guide, teach, and encourage me.”

Nurse JM: “My family is very supportive. Whatever problem I experience, whether financial or emotional, they are always there to guide and support me.”

Nurse Pamela: “Every problem has a solution, and when facing difficulties, it is important to have someone who can accompany you. I am fortunate to have my family and friends who support me through difficult situations.”

Nurse Benz: “I have no problem when it comes to the support of my family and friends because they are always there whenever I need them.”

Nurse Mau: “Relationships with other people are very important because they allow you to express your problems and frustrations. They can listen to you, understand you, and help you overcome your difficulties.”

IV. A New Frontier

Knowledge and experience serve as important foundations for professional growth. The participants' experiences as ICU nurses allowed them to develop patience, self-reliance, interpersonal skills, clinical confidence, and greater awareness of their responsibilities. Their experiences also taught them that caring for others requires caring for oneself.

Forbearance and Self-Reliance

Forbearance and self-reliance are important qualities that help ICU nurses manage the challenges encountered when caring for critically and terminally ill patients. Forbearance allows nurses to remain patient, understanding, and emotionally composed despite difficult situations, while self-reliance enables them to trust their knowledge, skills, and judgment when making decisions and providing care. Together, these qualities help nurses remain resilient and continue providing compassionate and appropriate care to patients and their families.

Nurse Troy: “I have learned many things as an ICU nurse. First, I learned to be patient when dealing with and caring for patients. Second, I learned not to give up when facing problems at work because every problem has a solution. Third, I learned to have faith in God and ask for guidance in everything I do.”

Nurse Che: “As an ICU nurse, you need to take care of yourself because we deal with different illnesses and infectious conditions. Nurses need to protect their own health so that they can continue caring for their patients. Being an ICU nurse also requires more than knowledge; you need to know how to interact well with different people.”

Nurse Jake: “I learned that as an ICU nurse, you need to be patient, humble, and courageous in whatever situation you encounter, whether with patients or family members. You also need to take care of your health because hospitals expose you to different infectious agents.”

Nurse Natalia: “I learned not to give up when facing problems at work. I learned to face my fears when caring for terminally ill or difficult patients. Most importantly, I learned to have patience with both patients and their families.”

Nurse Aliah: “I learned to broaden my understanding and become more patient with patients and their families. You also need to know what you are doing when caring for patients and make sure that medications and nursing interventions are provided correctly.”

Nurse Leslie: “As an ICU nurse, I learned to become independent and not always depend on others. Because there are times when there are not enough nurses, you need to know what you are doing, manage your time, and provide appropriate care even when you have several patients.”

Nurse JM: “As the head nurse in the ICU, I learned how to control my emotions when dealing with my coworkers. When someone makes a mistake, instead of immediately scolding them, you need to talk to them properly and explain what should be improved. I also learned to be more understanding and patient with patients and their families.”

Nurse Pamela: “One of the things I learned as an ICU nurse is to take care of myself because my patients depend on me. If I become sick because I neglect myself, who will take care of my patients? I also learned that you need to cooperate and work well with your coworkers and patients.”

Nurse Benz: “I learned how to budget my income because our salary is limited, so we need to use it wisely. I also learned that we must know what we are doing when caring for patients so that we do not cause them harm.”

Nurse Mau: “I learned that money does not determine happiness in your work. True happiness comes from seeing your patients smile and seeing them recover because of the care you provided.”

CONCLUSION

Based on the findings of the study, it can be concluded that caring for terminally ill patients in the Intensive Care Unit (ICU) is a challenging yet meaningful experience that requires nurses to demonstrate patience, emotional strength, professional competence, resilience, and compassion. The participants' experiences revealed that ICU nursing involves not only the provision of complex clinical care but also the management of emotional, interpersonal, personal, and financial challenges.

1. **The experiences of ICU nurses were characterized by various professional and personal challenges.** The participants described ICU nursing as demanding because of heavy workloads, inadequate nurse-to-patient ratios, critically and terminally ill patients, unpredictable patient conditions, and the need to provide timely and accurate nursing interventions. Difficult interactions with patients' relatives also challenged the nurses' patience and emotional control. Despite these difficulties, the participants emphasized the importance of maintaining professionalism, effective communication, teamwork, and cooperation with colleagues. They also recognized the need to establish a healthy balance between their professional responsibilities and personal lives. Financial concerns, particularly dissatisfaction with compensation in relation to the demands and responsibilities of ICU nursing, were also identified as significant challenges.
2. **The psychological experiences of ICU nurses included stress, frustration, emotional exhaustion, and moments of self-doubt.** The demanding nature of ICU work, exposure to patient deterioration and death, difficult interactions with family members, inadequate staffing, long working hours, and concerns regarding compensation contributed to psychological strain. Some participants reported questioning their career choice or considering resignation during particularly difficult periods. Nevertheless, their experiences also contributed to the development of emotional maturity, resilience, patience, self-awareness, and a stronger sense of professional responsibility.
3. **The participants used various coping mechanisms to manage the challenges associated with caring for terminally ill patients.** Faith in God emerged as an important source of strength, guidance, and emotional support. The participants also relied on self-belief, positive thinking, perseverance, and personal motivation to continue despite difficulties. In addition, support from family members, friends, and coworkers provided emotional encouragement, practical assistance, and a sense of belonging. These coping mechanisms enabled the nurses to manage stress, maintain their commitment to nursing, and continue providing care to their patients.

4. **The experiences of ICU nurses resulted in important personal and professional lessons.** The participants learned the value of patience, humility, courage, self-reliance, effective communication, teamwork, and emotional control. They also developed a greater appreciation for self-care and recognized that maintaining their own physical and emotional well-being is essential to providing safe and quality patient care. Their experiences further strengthened their understanding that nursing requires not only knowledge and technical competence but also compassion, understanding, resilience, and dedication.

RECOMMENDATIONS

In light of the findings and conclusions of the study, the following recommendations are proposed:

1. **For ICU Nurses.** ICU nurses are encouraged to continue demonstrating patience, compassion, professionalism, and understanding when caring for terminally ill patients and interacting with their families. Nurses should maintain appropriate professional boundaries while practicing effective communication and emotional control, particularly when faced with difficult or demanding relatives. They are also encouraged to establish a healthy work-life balance by making time for rest, family, social activities, and other meaningful activities outside the workplace. Nurses should continue strengthening their clinical knowledge, skills, self-confidence, and ability to work collaboratively with colleagues to ensure safe and quality patient care.
2. **For Hospital Administrators and Hospital Management.** Hospitals in Pangasinan are encouraged to provide a supportive working environment for ICU nurses by addressing staffing concerns and promoting an appropriate nurse-to-patient ratio. Hospital administrators should also consider providing competitive compensation, appropriate benefits, incentives, and other forms of recognition that reflect the responsibilities, workload, and specialized demands of ICU nursing. Adequate staffing and fair compensation may help reduce work-related stress, improve job satisfaction, and support the retention of qualified ICU nurses.
3. **For Psychological and Emotional Support.** Hospitals are encouraged to establish or strengthen programs that promote the psychological and emotional well-being of ICU nurses. Stress-management activities, counseling services, peer-support programs, debriefing sessions, and wellness activities may help nurses process difficult experiences related to patient deterioration, death, and interactions with distressed family members. Nurses should also be encouraged to seek appropriate support whenever work-related stress becomes difficult to manage.
4. **For Spiritual and Personal Coping.** ICU nurses are encouraged to continue using healthy coping strategies that provide them with strength and emotional stability. The participants identified faith in God, self-belief, positive thinking, perseverance, and support from family, friends, and coworkers as valuable sources of strength. Hospitals may respect and support nurses' individual spiritual and personal coping practices while ensuring that these practices remain voluntary and appropriate within the professional healthcare environment.
5. **For Professional Development.** Hospitals and nursing institutions are encouraged to provide continuing education and training related to end-of-life care, palliative care, communication with patients and families, grief and bereavement support, ethical decision-making, stress management, and emotional preparedness. Such programs may strengthen nurses' competence and confidence in managing the complex needs of terminally ill patients and their families.
6. **For Nursing Institutions and Educators.** Nursing schools are encouraged to strengthen the integration of end-of-life and palliative care concepts into nursing education. Students should be provided with opportunities to develop communication skills, emotional preparedness, ethical awareness, compassionate care, and appropriate coping strategies before entering critical care environments. These preparations may help future nurses better understand and manage the realities of caring for terminally ill patients.

7. **For Future Researchers.** Future researchers may conduct similar studies involving a larger and more diverse group of ICU nurses from different hospitals and geographical areas. Further research may also explore specific aspects of ICU nurses' experiences, such as moral distress, burnout, compassion fatigue, psychological well-being, resilience, end-of-life communication, and the effectiveness of institutional support programs. Quantitative or mixed-methods studies may also be conducted to further examine the relationships among these factors.
8. **For the Broader Nursing Profession.** ICU nurses are encouraged to share their knowledge, skills, and experiences not only within the hospital but also through professional education, training, mentoring, community programs, and other appropriate healthcare-related activities. Sharing their experiences may contribute to the development of competent, compassionate, and resilient nurses who are better prepared to provide quality care to patients facing life-limiting and terminal illnesses.

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