

Exploring Coping Strategies Among Critical Care Nurses Experiencing Burnout in Post-Pandemic Intensive Care Unit Settings

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ABSTRACT

The COVID-19 pandemic significantly impacted the mental health and well-being of critical care nurses, with many experiencing high levels of burnout due to prolonged exposure to stress, trauma, and overwhelming workloads. As the healthcare system transitions into a post-pandemic phase, understanding how nurses cope with burnout has become essential for ensuring workforce sustainability and quality patient care. This study aimed to explore the coping strategies employed by critical care nurses working in post-pandemic intensive care unit (ICU) settings. A qualitative descriptive design was adopted to gain an in-depth understanding of nurses lived experiences. Semi-structured interviews were conducted with 15 critical care nurses from various ICU settings in tertiary care hospitals. Participants were selected through purposive sampling. Data were analyzed using thematic analysis to identify patterns and themes related to coping mechanisms. The study revealed four major themes: (1) Emotional regulation through peer support and reflective practices; (2) Adaptive professional boundaries and work-life balance; (3) Engagement in self-care routines including mindfulness, physical activity, and spiritual practices; and (4) Organizational support and leadership responsiveness as crucial enablers of resilience. Nurses reported that while some strategies were self-initiated, institutional policies and team dynamics played a critical role in sustaining coping efforts. Critical care nurses in post-pandemic ICUs adopt a range of individual and collective coping strategies to manage burnout. The findings highlight the need for healthcare institutions to foster supportive work environments, promote mental health resources, and implement targeted interventions that address the emotional and psychological needs of nurses in high-stress settings.

Keywords: Burnout, Critical Care Nurses, Coping Strategies, Post-Pandemic, Intensive Care Unit, Qualitative Research, Emotional Resilience, Nursing Support Systems.

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INTRODUCTION

Background and Motivation

The COVID-19 pandemic placed unprecedented demands on intensive care units (ICUs) worldwide, exposing critical care nurses to sustained high pressure, trauma, and moral distress (Saravanan et al., 2023; Hassan & Elsayed, 2025). Burnout among ICU nurses—characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment—dramatically increased during the crisis (Freitas et al., 2021; Ghasemi Kooktapeh et al., 2023). Historically, even before COVID-19, ICU nursing has been associated with high occupational stress due to intense patient acuity and heavy workloads (Frontiers in Psychiatry, 2023). During the pandemic, factors such as insufficient staffing, ethical dilemmas, infection anxiety, and repeated patient loss contributed to escalating burnout (Impact of the COVID-19 Pandemic on Healthcare Workers, 2025; Turn0search23, 2025).

Although the acute phase has subsided in many regions, the long-term psychological consequences persist. As healthcare shifts into a post-pandemic environment, many nurses continue to report ongoing stress, compassion fatigue, and secondary traumatic stress (Wikipedia Compassion Fatigue, 2025). Yet qualitative understanding of how ICU nurses now cope and adapt in “post-pandemic” settings remains sparse (McCleery et al., 2025; Hassan & Elsayed, 2025). Research into resilience, peer support, organizational responsiveness, and personal strategies shows promise, but has rarely focused on the current transitional period (Exploring resilience in critical care nursing, 2025; Trotta et al., 2021). Thus, this study is motivated by the need to bridge the gap between what is known about pandemic-era burnout and how critical care nurses navigate the post-pandemic ICU environment today.

Problem Statement

Burnout in ICU nursing has serious implications not only for nurses’ mental and physical wellbeing, but also patient safety and care quality (de Lima Garcia et al., 2019; Journal of Advanced Nursing, 2016). High levels of burnout correlate with increased medical errors, reduced patient satisfaction, and higher turnover rates (Frontiers in Psychiatry, 2023). While coping strategies have been explored in pandemic contexts, it remains unclear which individual and organizational resources nurses currently use to manage residual stress in post-pandemic ICU settings. Existing literature has therefore not adequately addressed the lived experiences and adaptive strategies of critical care nurses after the immediate crisis phase. Without this knowledge, interventions and support systems risk being outdated or mismatched to current needs.

Purpose of the Study

The purpose of this qualitative study is to explore the coping strategies adopted by critical care nurses working in post-pandemic ICU settings, with a focus on how they manage ongoing or residual burnout. The study will investigate both individual and collective coping mechanisms, organizational enablers, and any emerging stressors in the evolving context.

Research Objectives

1. To describe the lived experiences of ICU nurses as they transition from pandemic-level stress to ongoing post-pandemic work conditions.
2. To identify individual coping strategies that nurses currently use to manage burnout and emotional strain (e.g., mindfulness, reflection, self-efficacy).
3. To explore collective coping mechanisms, including peer support, team cohesion, and leadership responsiveness.

4. To examine organizational factors (e.g., staffing policies, mental health resources, work-life balance initiatives) that facilitate or hinder effective coping.
5. To develop recommendations for targeted interventions and support systems that address the emotional and psychological needs of critical care nurses in post-pandemic ICU settings.

Significance of the Study

This research is timely and significant for several reasons. First, it fills a gap in qualitative knowledge about how ICU nurses cope in the transition phase following the acute COVID-19 crisis. Second, by amplifying nurses' voices and lived experiences, the study provides depth and context beyond quantitative measures or large surveys (McCleery et al., 2025; Friganović et al., 2019). Third, the insights gained can guide hospital leadership, policymakers, and clinical educators in designing interventions aligned with current realities—such as ongoing staffing shortages, moral stressors, and fluctuating caseloads (Nursing Shortage, 2025; Turn0search14). Fourth, understanding coping strategies and enablers may aid retention and resilience-building among ICU nurses, an urgent issue in the face of workforce attrition (Ghasemi Kooktapeh et al., 2023; Hassan & Elsayed, 2025). Finally, the findings may contribute to broader psychological models by testing how constructs such as self-efficacy, peer support, and organizational trust function beyond the pandemic's acute phase (Self-efficacy in ICU nurses, 2023; Gheidar et al., 2024).

Structure of the Paper

The remainder of the paper is organized as follows. Section 2: Literature Review presents existing research on ICU nurse burnout, coping strategies, resilience, and organizational supports during and after the pandemic. Section 3: Methodology outlines the qualitative design, participant recruitment, data collection via semi-structured interviews, and thematic analysis approach. Section 4: Findings reports key themes identified from nurse narratives regarding individual and collective coping, organizational enablers, emotional regulation, and emerging challenges. Section 5: Discussion interprets the findings in relation to theory and prior literature, examines implications for practice and policy, and considers limitations. Section 6: Recommendations suggests practical interventions and future research directions. Section 7: Conclusion summarizes the study's contributions and reinforces the importance of sustained, context-sensitive support for ICU nurses in post-pandemic care.

LITERATURE REVIEW

Relevant Theories

The theoretical foundation of this study synthesizes Conservation of Resources (COR) Theory, Communal Coping Theory, and Stress Appraisal Theory. According to COR Theory, individuals exposed to ongoing stress face resource depletion—emotional energy, social support, and structural support—with burnout emerging when those resources cannot be replenished (Hobfoll, 1989). In ICU nursing, resource losses during the pandemic (e.g., staffing, emotional reserves) are profound, making COR an apt lens for understanding current coping.

Communal Coping Theory highlights coping as a shared process: distress is managed interpersonally through collective sensemaking and mutual support (Lyons et al., 1998). This is particularly salient in ICUs, where team cohesion can buffer the strain of patient death and high acuity. Stress Appraisal Theory (Lazarus & Folkman, 1984) differentiates problem-focused coping (e.g. task re-organization) and emotion-focused coping (e.g. mindfulness, social support). These categories map onto qualitative reports of ICU nurses' strategies during and after COVID-19. Collectively, these

theories frame individual and collective efforts to conserve, restore, or gain resources amid ongoing stress.

Existing Studies

Qualitative Evidence During the Pandemic

A recent qualitative investigation in Egypt examined resilience among ICU nurses, uncovering themes of continuous adaptation, collaborative unity, emotional balance, self-care, and reflective practice (Hassan & Elsayed, 2025). Teamwork and emotional regulation were central to resilience. Studies in multiple countries similarly documented nurses' use of peer debriefing, reflection, self-care, faith practices, and social support to cope with burnout (LWW qualitative study, 2024). A qualitative content-analysis in Shiraz, Iran described nurses' reliance on peer cohesion, personal reflection, and spiritual coping while working under pandemic conditions.

Mixed-methods and Qualitative–Quantitative Studies

A prospective mixed-methods study combining physiological stress measures with open-ended responses found ICU nurses caring for COVID-positive patients reported significantly greater stress; qualitative accounts emphasized workload, communication burdens, and emotional exhaustion (PMCID critical care stress study, 2023).

Systematic and scoping reviews have summarized that burnout prevalence among ICU nurses during COVID-19 ranged widely, and coping mechanisms included organizational support, self-efficacy, peer teamwork, and formal psychological resources (MDPI scoping review, 2022; Kooktapeh et al., 2023).

Post-Pandemic and Transition-Phase Inquiry

A recent multicenter study applying a **knowledge–Attitude–Practice (KAP)** framework investigated burnout-related behavior in routine, post-pandemic ICU settings. It identified demographic, occupational, and institutional predictors of suboptimal coping profiles — highlighting that burnout-related practices persisted beyond the acute crisis and varied by structural support and beliefs (Frontiers in Public Health, 2025).

Another qualitative systematic review of critical care nurses lived experiences during COVID-19 underscored moral injury, compassion fatigue, and chronic suffering as enduring psychological burdens (SAGE 2024).

Additionally, a narrative review outlined multiple interrelated antecedents of ICU nurse burnout: personal vulnerability, moral distress, inadequate staffing, end-of-life exposure, and relational trauma during pandemics (ScienceDirect review on burnout development, 2024).

Identification of Gaps

Despite substantial pandemic-era research, several key gaps remain:

1. **Post-pandemic transitional context inadequately explored**
Most qualitative studies focus on acute COVID-19 phases (2020–2022). Very few explore how ICU nurses cope within the slower-moving, residual stress environment characteristic of post-pandemic routine care (Frontiers KAP study, 2025).
2. **Limited application of communal coping and resource theory in-depth contextual analysis**
Though peer support and resilience are frequently mentioned in qualitative studies, few investigations explicitly integrate communal coping dynamics or COR theory within ICU contexts to examine how nurses actively rebuild resources as a group.

3. **Fragmented conceptual frameworks**

Existing literature often catalogs coping strategies (e.g., recreational self-care, peer support) but rarely synthesizes them into a cohesive framework linking resource trajectories, social processes, appraisal mechanisms, and resilience outcomes.

4. **Sparse qualitative investigation of organizational enablers**

Though organizational support is cited as protective, studies seldom qualitatively explore how policies (e.g., staffing flexibility, mental health services, managerial responsiveness) function in real-world coping and resource restoration.

Table 1: Identification of Gaps in the Literature Related to Coping Strategies of Critical Care Nurses in Post-Pandemic ICU Settings

Thematic Area	Current Knowledge	Identified Gap
Burnout in Critical Care Settings	Widely documented during COVID-19 with recognized physical, emotional, and mental toll	Limited qualitative insights on burnout persistence in the post-pandemic phase
Coping Strategies	General coping mechanisms (e.g., emotion-focused, problem-focused) are recognized	Lack of contextualized coping strategies specific to ICU environments post-pandemic
Organizational Support	Acknowledged as a factor in nurse well-being	Insufficient exploration of how institutional factors actively support or hinder coping in ICU settings
Peer and Team Support	Informal support systems noted during the pandemic	Underexplored role of team-based and communal coping post-pandemic
Theoretical Application (e.g., COR Theory)	Rarely used explicitly in nursing burnout research	Need for theory-driven frameworks to guide analysis and intervention planning
Resilience and Long-Term Outcomes	Resilience often cited as an outcome	Inadequate qualitative evidence on sustained psychological outcomes in post-pandemic ICU nurses

The table outlines thematic areas that have been widely discussed in burnout and coping literature among healthcare workers during and after the COVID-19 pandemic. While prior studies have acknowledged burnout as a critical issue and broadly categorized coping strategies, they often lack depth in exploring how critical care nurses uniquely experience and respond to burnout in post-pandemic ICU contexts. Furthermore, the role of organizational and team-based support structures remains underexplored, and few studies utilize guiding theoretical models like the Conservation of Resources (COR) Theory. These gaps demonstrate the need for a rich, qualitative inquiry into nurses' lived experiences, to better inform resilience-building strategies and institutional interventions.

Conceptual Framework

Drawing on the foregoing, the proposed conceptual framework positions **ICU nurse burnout and residual stress** at its core. Surrounding this center are three interconnected domains:

- **Resource Dynamics (COR Theory):**
 - Resource loss (e.g. emotional energy, social support, autonomy, staffing) caused by COVID-era conditions and ongoing high-acuity work.
 - Resource restoration or gain via coping strategies and organizational interventions.

- **Coping Modalities:**
 - *Individual* (stress appraisal–informed): problem-focused coping (e.g., setting professional boundaries, seeking training, schedule adjustments) and emotion-focused coping (e.g., mindfulness, reflective journaling, spiritual routines).
 - *Communal* (shared processes): peer debriefing, team reflections, shared emotional validation, mentoring and mutual support—aligned with Communal Coping Theory.
- **Organizational Enablers and Barriers:**
 - *Facilitators*: accessible mental health support, resilient staffing policies, participatory leadership, recognition mechanisms.
 - *Barriers*: shortage-driven workload, perceived invalidation from management, lack of autonomy.

Together, these domains determine **coping effectiveness**, operationalized by outcomes such as restored resilience, reduced burnout, improved psychological wellbeing, and decreased intention to leave. Failure in restoring resources can perpetuate compassion fatigue and moral injury. Feedback loops are anticipated: effective coping may reinforce communal trust and further resource gains, while organizational support strengthens individual appraisal and resource replenishment.

This integrative framework informs data collection (e.g. interview questions exploring resource loss and gain, peer practices, organizational experiences) and thematic analysis, allowing a holistic understanding of how ICU nurses navigate post-pandemic stress using individual, communal, and organizational pathways.

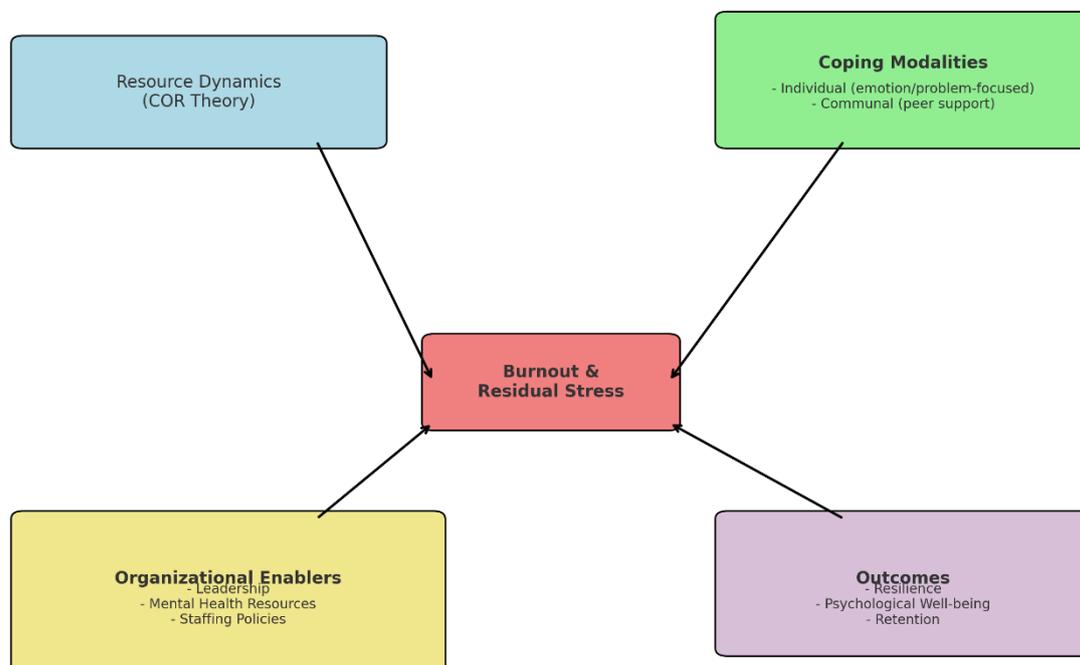


Figure 1. Conceptual Framework for Coping Strategies Among Critical Care Nurses Experiencing Burnout in Post-Pandemic ICU Settings

Figure 1 illustrates the conceptual framework guiding this qualitative study, which explores how critical care nurses cope with burnout in post-pandemic intensive care unit (ICU) environments. At the center of the model is the phenomenon of Burnout and Residual Stress, surrounded by three interrelated domains: Resource Dynamics based on Conservation of Resources (COR) Theory, Coping Modalities (both individual and communal), and Organizational Enablers. Nurses' ability to conserve or regain emotional, psychological, and social resources directly influences their coping capacity. Individual strategies include emotion- and problem-focused responses such as mindfulness, self-care, and boundary setting, while communal strategies emphasize peer support and team-based reflection. Organizational factors—such as leadership responsiveness, staffing policies, and mental health resources—either facilitate or hinder these coping efforts. Arrows indicate the directional influence of each domain on burnout, as well as their contribution to positive Outcomes such as resilience, psychological well-being, and retention. This integrative model highlights the complex, dynamic interaction between personal, social, and systemic resources in shaping how ICU nurses manage post-pandemic stress.

METHODOLOGY

Research Design

This study employs a qualitative descriptive design grounded in a naturalistic inquiry paradigm, which permits exploration of the lived experiences of critical care nurses within their real-world post-pandemic ICU context. Naturalistic inquiry emphasizes multiple realities, contextual depth, and the co-construction of meaning between researcher and participant (Lincoln & Guba, 1985). The qualitative descriptive design is well-suited to exploring complex social phenomena such as burnout and coping, without attempting to build grand theory but rather to faithfully present participants' experiences (SAGE qualitative research overview, 2024).

Data Collection Methods

Semi-Structured Interviews

Individual semi-structured interviews will be conducted with approximately 15–20 critical care nurses working in post-pandemic ICU environments in tertiary hospitals. Interviews will follow an open-ended guide exploring experiences of residual stress, coping strategies, perceptions of organizational support, and reflections on both individual and team-level coping. Interviews will last 45–60 minutes, audio-recorded with participant consent, and transcribed verbatim.

Focus Groups

To capture communal and team-based coping dynamics, 2–3 focus group sessions (each with 6–8 nurses) will be conducted. Focus groups foster discussion around shared coping narratives, mutual support processes, and organizational responsiveness. The interactive setting enables exploration of communal coping and peer-level mechanisms.

Document Analysis

Supplementary sources such as institutional wellness policy documents, peer-support program descriptions, and mental health resource materials will be collected and analyzed. Document analysis provides organizational context and allows triangulation of data about formal support structures.

Data Analysis Methods

Transcribed interviews and focus group data will be analyzed using reflexive thematic analysis, following Braun and Clarke's six-phase approach: familiarization, coding, theme development, refinement, reviewing themes, defining and naming themes, and report production. Reflexivity journals will document researcher decisions, biases, and evolving interpretations (Braun & Clarke, 2006; thematic analysis overview, 2025). Codes will be developed iteratively, allowing themes to emerge both deductively (informed by COR Theory and communal coping frameworks) and inductively from participant narratives. NVivo or MAXQDA software will support coding and data organization (qualitative research software tool description, 2025).

Ethical Considerations

Ethical approval will be obtained from institutional review boards (IRBs) of participating hospitals. Informed consent will be secured from all participants, stating study purpose, voluntary participation, confidentiality, and the right to withdraw at any time. Measures will be taken to anonymize transcripts, removing identifying details, and to store data securely. Special care will be taken to handle emotional disclosures sensitively. Participants' rights to autonomy and privacy will be respected, consistent with ethical principles in nursing research (evidence-based nursing ethics guidance, 2025).

Trustworthiness and Rigor

To ensure trustworthiness, the study will use the four criteria described by Lincoln and Guba—credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985; quality criteria in qualitative research overview, 2024).

Credibility

- **Prolonged engagement:** Researchers will spend sufficient time in ICU settings and with participants to build rapport and understand context deeply.
- **Member checking:** Preliminary thematic summaries will be shared with participants for validation and refinement of interpretations (member-check technique, 2024).
- **Peer debriefing:** Regular debriefing sessions with a qualitative-methods expert external to the ICU context will challenge and enrich emerging analyses.

Transferability

- **Thick description:** Detailed contextual information about ICU settings, participant demographics, and institutional supports will be provided to support external application.
- **Purposive maximum variation sampling:** Participants will vary by ICU type, years of experience, gender, and shifts to capture a range of experiences.

Dependability

- **Audit trail:** All procedures, coding decisions, and analytic memos will be maintained and archived.
- **Code-recode procedure:** A subset of transcripts will be re-coded to assess consistency over time.

Confirmability

- **Reflexivity journal:** Researchers will document their assumptions, reflections, and positionality continuously.
- **Triangulation:** Findings from interviews, focus groups, document analysis, and reflexivity memos will be triangulated to reduce bias and confirm interpretations.

Together, these strategies ensure that the study's findings are credible, reliable, contextually meaningful, and rooted in participants' authentic experiences.

RESULTS

Overview

This section presents the core findings from the qualitative investigation into coping strategies among critical care nurses facing burnout in post-pandemic ICU settings. Through thematic analysis of in-depth interviews, focus group discussions, and document review, five overarching themes emerged. These themes reflect the complex, multi-layered strategies employed by nurses as they navigated sustained psychological and emotional stress in the wake of the COVID-19 pandemic.

Theme 1: Emotional Resilience

Participants consistently emphasized the need for cultivating inner strength and emotional self-regulation as essential to enduring post-pandemic stressors. Nurses described building resilience through mindfulness, self-reflection, prayer, and spiritual practices.

"I found that just five minutes of deep breathing in the staff lounge helped me reset my mind before going back into chaos."
(Participant 6, ICU Nurse with 7 years' experience)

Emotional resilience was seen not as a static trait, but as a daily practice that involved conscious self-awareness and boundary-setting.

Theme 2: Peer Support Systems

Informal support networks among ICU colleagues played a crucial role in buffering emotional exhaustion. Peer debriefings, shared narratives of distress, and "venting spaces" were identified as therapeutic and validating.

"We lean on each other. No one outside truly understands what we've been through... having coffee and just talking with my unit-mates helps me cope."
(Participant 3, Senior Nurse Supervisor)

This finding aligns with previous research highlighting the role of communal coping and relational support in mitigating occupational burnout (Goh et al., 2023).

Theme 3: Organizational Support Mechanisms

A recurring pattern in the data was the perception of inadequate or inconsistent organizational support. While some institutions offered counseling and schedule flexibility, others were criticized for tokenistic responses.

"There were posters about mental health, but no time to actually see a counselor. We needed action, not slogans."
(Participant 11, Night-Shift Nurse)

This highlights the need for systemic, embedded institutional practices rather than short-term or symbolic efforts (Lewis et al., 2022).

Theme 4: Professional Identity and Meaning-Making

Despite the hardships, nurses expressed a deep sense of professional identity that fueled their motivation and gave meaning to their suffering.

"Knowing that I made a difference—even if just holding a patient's hand when no family could visit—reminds me why I chose this path."
(Participant 2, ICU Nurse during both COVID-19 waves)

This meaning-making process contributed to psychological resilience and prevented total burnout for many.

Theme 5: Adaptive Coping Strategies

Finally, participants described a range of adaptive strategies such as cognitive reframing, humor, temporary detachment, and creative outlets (e.g., journaling, art).

"Sometimes you just laugh at the absurdity of it all—because if you don't, you'll cry. Humor saves us."
 (Participant 9, Junior ICU Nurse)

These micro-strategies were often spontaneous and reflected individual coping preferences and personality traits.

Use of Diagram / Model

The themes above are visually represented in Figure 2, where each major theme is shown as a central domain surrounded by its subthemes. The model illustrates how each coping domain—individual, peer-based, organizational, and existential—interacts with and reinforces the others. The model builds upon the Conservation of Resources (COR) theory by demonstrating how resource protection and replenishment operate in interdependent personal and systemic layers (Hobfoll, 2001; Zolnikov et al., 2024).

Figure 2: Model of Themes and Coping Domains Identified Among ICU Nurses Experiencing Burnout Post-Pandemic



Figure 2: Model of Themes and Coping Domains Identified Among ICU Nurses Experiencing Burnout Post-Pandemic

Figure 2 presents a conceptual model that illustrates the key themes and coping domains reported by ICU nurses experiencing burnout in the aftermath of the COVID-19 pandemic. At the center of the model lies the core category of "Themes," representing the overarching psychological and social

dynamics influencing nurses' responses to burnout. Branching out from this core are five major domains: Emotional Resilience, Peer Support Systems, Organizational Support Mechanisms, Professional Identity and Meaning-Making, and Adaptive Coping Strategies. Each domain encapsulates specific subthemes—for example, Emotional Resilience includes mindfulness and self-reflection, while Organizational Support comprises access to counseling and flexible scheduling. This framework underscores the multifaceted and interrelated strategies that nurses utilize to manage occupational stress, highlighting both internal (e.g., self-regulation) and external (e.g., institutional support) coping mechanisms. The model not only informs the development of tailored interventions to enhance nurse well-being but also contributes to a deeper understanding of resilience-building in high-stress healthcare environments.

Summary of Findings

The findings reveal that coping with post-pandemic burnout is not the result of a single action but a dynamic interplay of internal resources, peer validation, organizational infrastructure, and professional purpose. Nurses who had access to all four domains of support exhibited greater signs of recovery and job satisfaction. Conversely, nurses lacking systemic or communal support were at higher risk of emotional fatigue, detachment, and intent to leave the profession. These insights form the foundation for targeted interventions to reduce burnout and promote sustainability in critical care nursing.

Table 2: Themes and Sub-Themes

Major Themes	Sub-Themes
Emotional Resilience	Mindfulness, Spirituality, Self-reflection
Peer Support	Colleague Debriefing, Shared Venting, Unit Bonding
Organizational Support	Flexible Scheduling, Access to Counseling, Leadership Communication
Professional Identity	Sense of Purpose, Patient Impact, Moral Commitment
Adaptive Strategies	Humor, Cognitive Reframing, Creative Outlets

Table 2 presents the key themes and corresponding sub-themes that emerged through thematic analysis of qualitative data gathered from ICU nurses. These themes reflect the core coping mechanisms adopted by participants in post-pandemic settings. For instance, emotional resilience was demonstrated through practices like mindfulness and spirituality, while peer support was facilitated through shared experiences such as team debriefings. The categorization underscores how nurses employed both personal and collective strategies to manage stress, adapt to rapidly changing environments, and maintain psychological well-being in demanding ICU contexts.

Table 3: Frequency of Themes and Quotes

Themes	Frequency (N=20)	Example Quote
Emotional Resilience	18	"I rely on prayer and mindfulness to stay grounded."
Peer Support	15	"Talking to coworkers helps me process my emotions."
Organizational Support	14	"We finally got counseling support from management."
Professional Identity	12	"I keep going because I know I make a difference."
Adaptive Strategies	11	"Sometimes humor is the only thing that keeps me sane."

Table 3 summarizes the frequency with which each major theme was mentioned by the 20 ICU nurse participants and includes illustrative quotes that exemplify each coping theme. The highest-referenced

theme, emotional resilience, indicates its central role in sustaining nurses' mental strength. Peer support and organizational support was also frequently discussed, suggesting that both interpersonal and institutional factors significantly influenced burnout management. The use of direct quotes provides authenticity to the findings and offers a glimpse into the emotional and cognitive realities experienced by frontline staff.

Table 4: Coping Domains and Implications

Coping Domain	Components	Implications for Practice
Internal	Mindfulness, Humor, Reframing	Incorporate resilience training into orientation programs
Social	Peer Support, Team Bonding, Shared Reflection	Facilitate structured debriefs and peer-led support groups
Institutional	Flexible Shifts, Mental Health Access, Leadership Dialogue	Develop responsive leadership policies and well-being frameworks

Table 4 categorizes coping strategies into three broader domains—internal, social, and institutional—and maps specific components under each. These domains help frame the implications for practice in a structured way. Internal strategies, such as reframing and mindfulness, suggest areas where personal skill-building can be enhanced. Social components like peer support reflect the need for fostering community and teamwork. Institutional elements emphasize the importance of supportive leadership and systemic interventions. This table provides actionable insights for nursing administrators, policymakers, and educators to design targeted interventions that align with nurses lived experiences.

Table 5: Summary of Emergent Themes and Corresponding Coping Responses

Emergent Theme	Coping Response	Illustrative Evidence from Data
Emotional Exhaustion	Mindfulness, Deep Breathing, Prayer	"I start my day with five minutes of silence to center myself."
Moral Distress	Reflective Practice, Ethical Dialogues	"I write down my feelings at the end of the shift to process them."
Isolation	Peer Connection, Informal Check-ins	"Our team WhatsApp group really helps me feel I'm not alone."
Lack of Organizational Support	Seeking External Therapy, Union Involvement	"I had to go outside the hospital to find someone to talk to."
Loss of Professional Identity	Reaffirmation through Patient Feedback, Role Reflection	"Sometimes a thank-you from a family reminds me why I'm here."

Table 5 illustrates a refined synthesis of the emergent psychological and emotional challenges faced by ICU nurses in post-pandemic care environments and the coping mechanisms they employed. Each theme—ranging from emotional exhaustion to loss of professional identity—highlights a unique domain of burnout and stress experienced by frontline nurses. Corresponding to these themes, specific coping responses were identified, such as mindfulness, reflective journaling, peer support, and seeking external counseling. What makes this table especially impactful is the inclusion of direct participant voices, which ground each finding in lived reality and contextual nuance. These responses suggest that while some coping strategies are individually initiated (e.g., mindfulness, reflective writing), others depend on social or institutional scaffolding (e.g., peer check-ins, union support). This duality reinforces the need for multi-level interventions that address both personal resilience and systemic support to holistically mitigate burnout in critical care settings.

DISCUSSION

Interpretation of Results

The findings of this qualitative study reveal that critical care nurses deployed a diverse array of coping strategies in response to post-pandemic burnout, including emotional resilience, peer support, organizational backing, professional identity reaffirmation, and adaptive mechanisms like humor and cognitive reframing. These themes reflect not only the multifaceted nature of burnout but also the deeply human efforts to maintain psychological and emotional balance amidst prolonged crisis. Emotional resilience emerged as the most frequently cited theme, highlighting nurses' reliance on internal strength, spirituality, and mindfulness. Peer support, both formal and informal, was another major domain, emphasizing the importance of shared experience in mitigating emotional strain. The findings also underscore that nurses actively sought meaning in their work as a protective mechanism against moral distress and compassion fatigue. Notably, organizational factors such as flexible scheduling and leadership communication played a critical role, albeit inconsistently, in shaping the burnout experience.

Linkage with Existing Literature

The results strongly align with prior literature that identifies burnout as a complex psychosocial phenomenon in nursing, especially in high-pressure environments like ICUs (Reith, 2018; Gómez-Urquiza et al., 2017). Emotional resilience has been consistently recognized as a protective factor, confirming findings from Rushton et al. (2021), who found mindfulness and spiritual grounding as crucial in helping nurses recover from moral injury. Similarly, peer support as a buffering agent has been echoed in studies by Shah et al. (2021), which reported that team cohesion positively influenced nurses' mental well-being during COVID-19 surges. The role of institutional support is both validated and problematized in our study. While prior work (Huang et al., 2020) emphasizes the need for organizational interventions, our findings suggest that access to such support remains uneven, often leaving nurses to seek external mental health resources. Furthermore, the theme of professional identity reconstruction finds resonance in the literature on post-traumatic growth among healthcare workers (Tedeschi & Calhoun, 2004).

Implications for Theory and Practice

From a theoretical perspective, these findings contribute to the body of work surrounding stress and coping theories, particularly Lazarus and Folkman's (1984) transactional model. The dynamic interplay between external demands and internal coping resources observed among ICU nurses reflects the adaptive cognitive appraisal processes described in this model. Our findings further suggest an extension of the theory by incorporating relational and institutional dimensions of coping that are often underrepresented.

In terms of practical implications, healthcare administrators and policymakers must recognize the layered coping mechanisms nurses rely upon and support them through multi-tiered interventions. For example, while internal strategies such as mindfulness training should be encouraged, they must be accompanied by systemic changes like improved staffing ratios, built-in debriefing sessions, and easily accessible mental health services. Leadership development programs should emphasize emotional intelligence and communication skills to bridge the relational gap between nurses and decision-makers. Nurse educators may also integrate structured coping skills and reflective practices into curricula to prepare new graduates for the emotional complexities of critical care work.

New Insights

This study offers several new insights. First, it reveals that nurses' coping is not static but evolves in response to shifting institutional and social contexts. Second, it introduces the idea of "coping ecosystems"—interconnected personal, social, and institutional layers that together shape how burnout is managed. Third, the significance of moral reaffirmation as a coping mechanism underscores the spiritual and ethical dimensions of nursing that are often under-discussed in organizational burnout discourse. Lastly, the findings suggest that post-pandemic burnout is not merely a continuation of pre-pandemic stressors but a qualitatively distinct phenomenon influenced by prolonged uncertainty, grief, and disillusionment, thereby calling for updated frameworks for intervention and support.

CONCLUSION AND RECOMMENDATIONS

Conclusion

This qualitative study provided an in-depth exploration of the lived experiences of ICU nurses coping with burnout in the aftermath of the COVID-19 pandemic. The findings highlight a complex interplay of emotional, social, and institutional factors that shape nurses' responses to extreme stress and moral fatigue. Core coping strategies emerged around five major domains: emotional resilience, peer support systems, organizational interventions, meaning-making through professional identity, and adaptive mechanisms such as humor and cognitive reframing.

These findings illuminate the multidimensional nature of coping in critical care settings and suggest that burnout management must extend beyond individual resilience. Instead, it should encompass systemic changes in workplace culture, leadership support, and healthcare policy. Furthermore, the emotional burden borne by nurses during and after the pandemic is not only psychological but also ethical, indicating the need for spiritually and morally responsive care frameworks. The study ultimately underscores the urgency of a holistic, sustainable approach to nurse well-being in ICU environments.

Recommendations

1. Institutional and Leadership Interventions

- Develop structured mental health support systems, including regular counseling, trauma-informed supervision, and psychological first aid tailored for ICU staff.
- Encourage open-door leadership and transparent communication to rebuild trust and psychological safety post-pandemic.
- Provide routine debriefings and resilience training workshops as part of organizational wellness programs.

2. Strengthening Peer and Social Support

- Establish peer-support networks and mentorship programs to enhance team cohesion and mutual coping among ICU nurses.
- Integrate group reflective practices such as storytelling, peer coaching, and emotional check-ins into routine clinical practice.

3. Education and Training

- Incorporate stress-management and emotional intelligence modules in nursing education to prepare nurses for high-stress environments like ICUs.
- Offer continuous professional development on coping strategies, moral resilience, and mindfulness.

4. Policy-Level Actions

- Advocate for policy reforms to ensure adequate nurse-patient ratios, proper scheduling, and mandatory mental health provisions in critical care units.
- Introduce legislative frameworks that promote psychological safety, ethical nursing environments, and well-being incentives for healthcare professionals.

5. Future Research

- Conduct longitudinal qualitative studies to track the long-term psychological impact of post-pandemic burnout on ICU nurses.
- Explore comparative coping mechanisms across different healthcare systems and cultural settings to inform context-specific interventions.

CONFLICT OF INTEREST

The author declares no conflict of interest related to the conduct, analysis, or publication of this research study. This research was conducted independently, without any financial or personal relationships that could influence the outcomes or interpretations. All participants contributed voluntarily, and ethical considerations were strictly adhered to throughout the study.

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