

Challenges and Dilemmas Encountered by Nurses in the Neonatal Intensive Care Unit

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Abstract- This study determined the challenges and dilemmas encountered by NICU nurses. It tackled their age, sex, civil status, highest educational attainment, position, number of years in service, and number of relevant seminars on neonatal care. It tackled the challenges encountered along physical, emotional, socio-economic and spiritual aspect and the dilemmas of the nurses. The study utilized the descriptive research design and utilized a survey questionnaire as the main tool in gathering data. Several statistical tools were used like frequency and percentage, weighted mean, t-test, Scheffe test, and ANOVA (Analysis of Variance). The respondents were young adults, female dominated, Bachelors' degree holder, staff nurses, had been in the service for more than five years, and attended few seminars on neonatal care. Along the area of challenges, the nurses encountered most along socio-economic aspect, followed by physical, spiritual and lowest on emotional aspect. Along dilemmas, the nurses encountered most along on how quick is their actions when signs of complications are observed and they faced a lot of emotional stress during their shift. Significant differences were noted along sex along physical challenge; highest educational attainment along spiritual challenges, years in service along emotional challenge and relevant trainings along emotional and socio-economic. Significant relationships were noted along civil status on emotional aspect; highest educational attainment along socio-economic and spiritual challenges and along emotional, socio-economic challenges and dilemmas. The nurses who have served for more than 5 years have encountered more emotional challenges and dilemmas as compared to the nurses who are below 1 year in the service. Master's degree holders encountered more spiritual challenges than bachelor's degree holders and with MA units. Male

and female nurses significantly differ in the physical challenges that they encounter in the NICU. The more training the nurses have attended, the more they encountered physical, emotional, socioeconomic challenges and dilemmas. The higher the educational attainment of the nurses, the more they encounter socio-economic, and spiritual challenges. Married nurses encountered more emotional challenges in the NICU.

Indexed Terms- Challenges, Dilemmas, Nurses, Neonatal Intensive Care Unit

I. INTRODUCTION

Nurses play an essential role as healthcare workers in the health system. Nursing is very stressful; nurses perform healthcare and participate in patients' recovery with limited resources and increasing role in the clinical setting. Neonatal nurses take care of neonates whose physiological functions are frail and who have problems adapting to the changing environment, which provides more responsibilities and increases stress. The imbalance between increasing nursing roles and coping with stressful environments leads to burnout. The incidence of burnout in neonatal nurses was higher. Socioeconomic factors, increased stress, and lesser social support lead to neonatal nurse burnout. Nurse managers must consider socioeconomic factors, perceived stress, and social support among nurses and employ approaches to lessen neonatal nurse burnout (Huang et al., 2023).

Quality-of-care delivery in neonatal intensive care units (NICUs) varies greatly, and they are at risk of getting suboptimal care, translating into suboptimal outcomes. Neonatal intensive care unit (NICU) care is life-saving, expensive, joint, and can cause harm.

.There is a significant variation in NICU admission and NICU patient days, commonly among lower acuity newborns, suggesting there are possibilities to increase the use of NICU care. (Braun et al., 2020).

The results of the study by William (2018) mentioned that both maternal stress in the NICU and maternal perceptions of how well the staff communicated played a significant role in skin-to-skin care with their neonates during visitation time. Other factors also mentioned, such as maternal depression and anxiety, have been linked to a lowered capacity for the cognitive process and infant care, as well as poor psychological and physiological outcomes for infants. Everyday problems that parents encounter while having an infant in the hospital setting, particularly in the NICU, include Anxiety about their infant's demands for their other children and loss of parenting role to the NICU medical team. Transportation barriers. Financial strain.

Nurses' responsibilities in caring for newborns in neonatal intensive care units (NICUs) have increased. The setting hurts the growth of newborns. It is essential to attenuate the stimuli to favor increased neurological development in the newborn. Health professionals thought the scarce presence of parents during the visiting time was a risk factor for the health of the sick neonate. Parents are left outside the fundamental and technical care provided in the NICUs to their children, and the family is considered a stressor since they do not give part of the care (Cantarino et al., 2021).

Alper et al.(2023) mentioned that adults can be considered spiritual in some way because they think of themselves as spiritual people or say spirituality is essential in their lives. Insufficient time, role ambiguity, and different religious beliefs were identified as hurdles to spiritual care. A poor work environment, including personal space and a lack of compassion, were also reported as deterrents to spirituality.

The intensive care unit for neonates (NICU) is a space of diversity. The foremost function of the NICU is to treat critically severe preterm infants, and the character of treatment takes on many forms of care. The differences in the NICU are essential for

considering the care that takes place and thinking beyond the NICU as a medical unit. Acute conditions characterize the NICU and have long-term treatments (Naylor et al., 2020).

Decision-making is complex for parents and nurses. The transfer of an infant to a NICU causes severe problems among parents. Parents can participate in decision making for their newborns while coping with the response. Parents have shown they can participate in decision-making and have fewer problems with grieving the infant's demise than parents who have no opportunity to participate. Neonatal nurses noted a great deal of ethical challenges in their daily work. Nurses experience different ethical challenges related to interactions with parents and colleagues, emotional strain, protecting the sick infant, finding the balance between sensitivity and authority, continuity of treatment, miscommunication, and professional disagreement (Strandas and Fredriksin2015).

The practice of infection prevention and control practices by healthcare workers in different medical care settings is highly significant. Children, especially preterm children in neonatal intensive care units, have lower body resistance and are prone to nosocomial diseases. Medical workers have the most severe problem transmitting medical services-related illnesses to patients and medical services workers. Infection prevention and control practices are improved by implementing evidence-based infection prevention and control guidelines (Buchan et al., 2010).

The first 28 days of life is the weakest time for a child's endurance as a result of high risk of infection and asphyxia. Because of lower body resistance, children in the intensive care unit for neonates have a higher risk for healthcare-associated infections. Therefore, infection control practices would lessen the number of mortalities among children. Preterm infants and severely sick neonates have a higher risk for nosocomial infections due to their immature immune systems, ineffective mucosal barriers, and the use of invasive devices (Ramasetu, 2017;Collins et al., 2018;Jong et al., 2017).

Neonates represent a highly vulnerable patient population. Premature infants are more susceptible to nosocomial infections due to their low birth weights, immature immune systems, low gestational age, the use of intravascular catheters, the use of supporting equipment, and more extended hospitalization (Cheung & Otto, 2010).

Patients in the NICU have a higher risk for central line associated bloodstream infections due to severe health conditions and require the use of central lines for extended periods (Taylor et al., 2017; Tarr & Warner, 2016). To prevent central line-associated bloodstream infections, hospitals implement patient safety protocols that standardize central line insertion and maintenance practices via "care bundles" (Payne et al., 2018). Prevention involves many measures like tunneling of long-term devices, chlorhexidine antiseptics, maximum sterile barriers, aseptic non-touch technique, minimal line accessing, and evidence-based care bundles (Chesshyre et al., 2015).

Theoretical/Conceptual Framework

Using behavior change theory to investigate the use of evidence-based practices, particularly where there might be issues with unfortunate staff execution, takes into account the identification of key determinants of behavior, which can be focused on with explicit intercessions. Various behavior change frameworks and theories have been created that map the vital factors and processes thought to influence behavior. In general, it consolidates individual elements (e.g., motivations and beliefs), environmental factors (e.g., availability of equipment), as well as mind-boggling communications among people and the social and actual settings in which they work.

The Behaviour Change Wheel (BCW) was developed to help workers know appropriate interventions or policies when adopting a particular behavior (Michie et al., 2011). The BCW includes concepts from 19 existing behavior change theories and contains the Capability, Opportunity, Motivation, Behaviour (COM-B) model at its center (Ojo et al., 2019).

II. METHODOLOGY

The method that was used to carry out the study was explained in this chapter. It includes the study's population and location, research design and strategy, data collection tools, data collection procedure, and data treatment.

Research Design and Strategy

This study utilized the descriptive research design method on the challenges and dilemmas encountered by the nurses in the NICU. The researcher used this kind of research design to get the most detailed information possible about the particular matter by looking at why and how it occurred.

According to Nassaji (2015), descriptive research is a research design where data is collected qualitatively and analyzed using quantitative procedures. Descriptive research is the scientific method of observing the population's natural surroundings.

Population and Locale of the Study

The study involved NICU nurses in public and private hospitals in Eastern Pangasinan, composed of 50 respondents. They were chosen as participants to determine the challenges and dilemmas nurses encountered in the NICU. The researcher conducted it personally in the second semester of 2023-2024.

Data Gathering Tool

The researcher used a survey questionnaire to get responses on the challenges and dilemmas the nurses encounter in the NICU. There are three parts to the survey questionnaire: Part one includes the demographic profiles of respondents that include their age, sex, civil status, highest educational attainment, number of years in the NICU, and relevant training attended on neonatal care for the past three years. Part II focused on the challenges and dilemmas encountered by the NICU nurses in terms of physical, emotional, socioeconomic, and spiritual aspects.

Data Gathering Procedure

Before data gathering, the researcher sought permission from the Graduate School Dean and the Research Adviser. After this, she prepared a letter addressed to the Chief of Hospitals through the Chief

Nurses for the data gathering among their NICU nurses. The letter was prepared for the respondents to answer the questionnaire administered personally by the researcher. The purpose of the study was discussed with the respondents. Treatment of Data The study utilized different statistical tools. Problem No.1 was used on the respondent's profile, frequency, and percentage. The frequency was determined based on the number of respondents who answered or checked a particular item on the questionnaire.

III. RESULTS AND DISCUSSIONS

This chapter presents the findings of the study based on the data gathered from the nurse respondents.

Respondent's Profile

Table 1 represents the respondent's profile in terms of their civil status, sex, age, highest educational attainment, position, number of years in service, and relevant seminars related to neonatal care.

1. It can be gleaned from the table that the majority of the respondents are in the age bracket of 31-40 years old, with a frequency of 28 or 56 percent, followed by 21-30 years old, with a frequency of 15 or 30 percent, 41-50, with a frequency of 5, or 10 percent, and 51 and above, with a frequency of 2, or 4 percent. It revealed that the respondents were young adults.

Civil status. Most respondents were married, with a frequency of 26 or 52 percent, followed by singles, with a frequency of 22 or 44 percent, and separated, with a frequency of 2 or 4 percent. It revealed that the respondents were into marital relationships and pursuing their experiences in their field of assignment.

Highest educational attainment. It revealed that most respondents were Bachelor's degree holders, with a frequency of 27, or 54 percent, followed by those with master units, 21 or 42 percent, and MAN graduates, with a frequency of 2 or 4 percent. It showed that the majority should have pursued a higher level of learning. This might be related to their salaries being not competitive, so some nurses fail to enroll in the Master's or doctoral program.

2. It revealed that most respondents are staff nurses, with a frequency of 42, or 84 percent; nurse supervisors, with a frequency of 5, or 10 percent; and nurses, with a frequency of 3, or 6 percent.

Number of years in service. It showed that most respondents were in the service for five years and above, with a frequency of 21 or 42 percent, 1-2 years, with a frequency of 15, or 30 percent, below one year, with a frequency of 9, or 18 percent and 3-4 years with a frequency of 5 or 10 percent. It revealed that the respondents were in the service for different years. However, most had been there for a few years. Several relevant seminars on neonatal care. It revealed that most respondents had attended 1-2 in-service training with a frequency of 27 or 54 percent, 3-4 with a frequency of 12 or 24 percent, and five and above with a frequency of 11 or 22 percent. It showed that the respondents had different numbers of in-service training attended, but the majority had few seminars.

Physical Challenges Encountered by Nurses in the NICU

Table 2 presents nurses' physical challenges in the Neonatal Intensive Care Unit (NICU).

It can be gleaned from the table that the highest indicators are item numbers 8 and 9, "I felt fatigued attending to neonates due to understaffing in the NICU, " and "I experienced fast-paced work environment, " with a weighted mean of 4.30, and 4.18 or "Encountered." It showed that the nurses experienced fatigue related to being understaffed in the workplace. Being in the NICU, nurses must be fast to move to attend to the needs of neonates.

The lowest indicators are item numbers 3 and 5, "Burnout as a result of a busy area" and "Unable to eat or drink on time, " with a weighted mean of 3.64 or "Encountered." It showed that the nurses experienced much stress, leading to workplace burnout.

Overall, the physical challenges encountered by the nurses in the Intensive Care Unit for the neonates (NICU) got an average weighted mean of 3.92, or

"Encountered." It implies that the nurses encountered physical challenges in the workplace.

Emotional Challenges Encountered by Nurses in the NICU

Table 3 presents nurses' emotional challenges in the Neonatal Intensive Care Unit (NICU).

It can be gleaned from the table that the highest indicators are item numbers 1 and 2, "I am empathetic to the emotional distress presented by mothers, " and "I pity the suffering of infants, " with a weighted mean of 4.00, 3.72, or "Encountered." It showed that the nurses showed their concern for the feelings experienced by mothers. Since the patients they handle are neonates, it is delicate to care for these babies.

The lowest indicators are item numbers 6 and 8, "I observe conflict of parents in the NICU, " and "I witness postpartum depression manifestations of mothers, " with a weighted mean of 2.72, and 2.76 or "Moderately Encountered." It showed that the nurses observe parents' attitudes while their babies are in the NICU. Some of the mothers even manifest postpartum depression, but they like to see their babies confined in the hospital. Overall, the emotional challenges encountered by the nurses in the Intensive Care Unit for the neonates (NICU) got an average weighted mean of 3.20, or "Moderately Encountered." It revealed that the nurses experienced different challenges while they were caring for babies in the NICU. Newborn babies are different from adults because newborns have lesser immunity and are vulnerable to complications.

Socioeconomic Challenges Encountered by Nurses in the NICU

Table 4 presents the socioeconomic challenges encountered Intensive Care Unit for the Neonates (NICU) by the nurses.

It can be gleaned from the table that the highest indicators are item numbers 1 and 2, "Inadequate compensation for NICU nurses, " and "Inadequate nursing ratios, " with a weighted mean of 4.64, or "Highly Encountered." It showed that the hospitals

provide less staff compensation besides understaffing. This s is a common problem nowadays in the healthcare system, where healthcare professionals, particularly nurses, are inadequate.

The lowest indicator is item 7, "salaries are not given on time, " with a weighted mean of 4.14, or "Encountered." It showed that the nurses encountered delays in their salaries. Like in other institutions, there are times that employees' salaries are delayed, but that is beyond the control of nurses. Some factors may cause the delay, but it is usually given after a few days.

Overall, the socioeconomic challenges encountered by the nurses in the Intensive Care Unit for neonates (NICU) got an average weighted mean of 4.45, or "Encountered." It revealed that the nurses experienced challenges in this area since being in the NICU area is stressful, and they receive a meager salary, which contributes to their burnout.

Spiritual Challenges Encountered by Nurses in the NICU

Table 5 presents nurses' spiritual challenges in the Neonatal Intensive Care Unit (NICU).

It can be gleaned from the table that the highest indicator is item number 1, "Unaware of spiritual policies of the hospital, " with a weighted mean of 4.54, or "Highly Encountered." It showed that the nurses needed to be more conscious of spiritual policies in the institution.

The lowest indicator is item number 4, "Orientation of staff on the existence of hospital facilities and information on accessing the chaplain/prayer room is not provided, " with a weighted mean of 2.78, or "Moderately Encountered." It showed that the nurses needed to be made aware that spirituality facilities exist.

Overall, the spiritual challenges encountered by the nurses in the Intensive Care Unit for Neonates (NICU) got an average weighted mean of 3.49, or "Moderately Encounter" It revealed that the nurses have encountered minor challenges in the NICU.

Dilemmas Encountered by Nurses in the NICU

Table 6 presents nurses' dilemmas in the Neonatal Intensive Care Unit (NICU).

The highest indicator from the table is item number 4, "I think quickly but accurately when assessing any warning signs of complications, " with a weighted mean of 4.22, or "Encountered." It showed that the nurses worked in fast paced cases where signs of untoward manifestations occurred in the neonates. It is more difficult for neonates since they have lower body resistance and cannot express their feelings to the nurses.

The lowest indicator is item 8, "It is mentioned to provide care to an infant and their family whom they thought was faced with a lifetime of challenges and poor health, " with a weighted mean of 2.34, or "Slightly Encountered." It showed that the nurses were extra careful in caring for the neonates even when some challenges to the babies' health were encountered. They made sure that nothing happened to their patients, primarily when giving medications.

Overall, the dilemmas encountered by the nurses in the Neonatal Intensive Care Unit (NICU) got an average weighted mean of 3.12, or "Moderately Encountered." It revealed that the nurses minimally encountered dilemmas in caring for neonates in the NICU.

Challenges and Dilemmas Encountered by Nurses in the NICU

Table 7 presents nurses' challenges and dilemmas in the Neonatal Intensive Care Unit (NICU).

It can be gleaned from the table that the highest encountered among the challenges identified is along physical and socioeconomic aspects with a weighted mean of 3.92 and 4.45, or "Encountered." It shows that the respondents experienced more challenges on their physical bodies since they incurred fatigue and burnout in the area accompanied by inadequate compensation and benefits. They are overworked but need better compensation, which might also affect them. In the Philippines, it is a reality that nurses are

underpaid and attend to many patients in the clinical area.

The lowest among the challenges encountered is on spiritual and socioeconomic aspects, with a weighted mean of 3.20 and 3.49, or "Moderately Encountered." It showed that the NICU nurses experienced fewer spiritual and socioeconomic challenges.

Overall, along with challenges and dilemmas encountered, the higher experienced by the NICU nurses is along challenges, with a weighted mean of 3.76 or "Encountered." In contrast, dilemmas got a weighted mean of 3.12 or "Moderately Encountered." It revealed that the nurses encountered more challenges than physical and emotional dilemmas.

ANOVA Results on the Difference in the Challenges and Dilemmas

Encountered by Nurses in the NICU across Age

Table 8-19 presents the differences in the challenges and dilemmas nurses encounter in the NICU. Across age, the computed F-values along physical, emotional, socioeconomic, and dilemmas provided significant difference exists in terms of spiritual challenges. This implies that age affects the spiritual challenges that the nurses experience in the NICU. The following table provides the data from the Scheffe Test to determine which age groups showed significant differences in the spiritual challenges.

Table 9 presents the significant differences in the challenges and dilemmas nurses encounter in the NICU across ages.

Differences in spiritual challenges are evident in nurses aged 21-30 and 31-40. The significant negative mean difference indicates that the older age group 41-50 encounter more spiritual challenges than the nurses under the age group 21-30.

Table 10 shows the difference in the challenges and dilemmas nurses encounter in the NICU across sexes. The computed t-values along emotional, socioeconomic, and spiritual challenges and dilemmas have significance.

This means that male and female nurses encounter similar emotional, socioeconomic, and spiritual challenges. Meanwhile, a significant difference exists in physical challenges across the sexes. This implies that male and female nurses significantly differ in the physical challenges they encounter in the NICU. Furthermore, male nurses encountered more physical challenges in the NICU as compared to female nurses. This implies that male nurses are more physically encountered than female nurses because women are more compassionate to neonates due to their mother instinct.

Table 11 views the results of the test of difference in the challenges and dilemmas nurses encounter in the NICU across the civil status. Emotional challenges show significant difference across civil status.

This is evident in the computed F-values of 3.963 with a significance value of .026, which is lower than the set .05 level of significance. Results indicate that nurses with different civil statuses also differ in the emotional challenges that they encounter in the NICU. Further discussion is provided in Table 12. On the other hand, no significant difference exists between physical, socioeconomic, and spiritual changes or dilemmas. This implies that NICU nurses differ in the challenges they encounter in the workplace.

Table 12 displays the significant difference in the challenges and dilemmas nurses encounter in the NICU across civil status.

A significant negative mean difference along emotional challenges is shown between single and separated nurses. The negative mean difference indicates that the nurses with separated status have encountered more emotional challenges than the single nurses. It implies that those separated in status had more emotional challenges since they had other factors that triggered the experiences. Her family status affects her way of seeing things.

Table 13 shows the difference in the challenges and dilemmas nurses encounter in the NICU across the highest educational attainment. The computed F-values with significance values higher than the set .05 significance level in physical, emotional,

socioeconomic, and dilemmas indicate insignificant results.

Meanwhile, a significant difference exists along spiritual challenges across the highest educational attainment. The nurses' educational background affects the spiritual challenges they encounter in the NICU.

Table 14 represents the results of the Scheffe test on the significant difference in the challenges and dilemmas encountered by nurses in the NICU across the highest educational attainment.

The nurses differ in their spiritual challenges, as revealed in the significant negative mean differences between Bachelor's degree holders and Master's degree holders. The same trend is evident between nurses with MA units and Master's degree holders. The negative mean difference implies that Master's degree holders encountered more spiritual challenges than Bachelor's degree holders and those with MA units. It implies that the higher the nurse's educational attainment, the more she encounters spiritual challenges.

Table 15 displays the differences in the challenges and dilemmas nurses encounter in the NICU across positions.

The computed F-values have corresponding significance. The results suggest acceptance of the null hypothesis. There is no significant difference in the challenges and dilemmas nurses encounter in the NICU across positions. The position of the nurses does not affect the challenges and dilemmas they encounter in the NICU. It shows that the nurses did not mind the challenges and dilemmas they encountered because they love their jobs and are part of their calling to care for their patients.

Table 16 shows the difference in the challenges and dilemmas nurses encounter in the NICU across several years in service. Significant differences exist along with emotional challenges and dilemmas. Additional statistical data are shown in Table 17 based on the Scheffe Test results.

Meanwhile, the computed F-values with significance indicate no significant difference along physical, socioeconomic, and spiritual challenges. It means that the length of service of the nurses does not cause differences in the physical, socioeconomic, and spiritual challenges they encounter in the NICU. It shows that the NICU nurses, regardless of their length of stay in their work, were not affected by the challenges and dilemmas.\

Table 17 presents the significant difference in the challenges and dilemmas nurses encounter in the NICU across several years in service.

The significant differences between emotional challenges and dilemmas reveal negative mean differences. This means that the nurses who have served for more than five years have encountered more emotional challenges and dilemmas than those below one year in the service. It goes to show that the longer their stay in the workplace, the more they are emotional since they are more mature and have more experiences compared to those new in the service.

Table 18 presents the difference in the challenges and dilemmas encountered by nurses in the NICU across a number of relevant training. Significant differences are evident along emotional and socioeconomic challenges. This led to further tests, with results shown in the following table.

On the other hand, significant differences are shown along physical and spiritual challenges and dilemmas. This means that the number of training attended by the nurses does not cause variation in the challenges and dilemmas they encounter in the NICU. It shows that the NICU nurses encountered challenges and dilemmas regardless of the amount of training they received.

Table 19 reveals the significant difference in the challenges and dilemmas nurses encounter in the NICU across several relevant training.

The significant negative mean difference indicates that the nurses with five or more relevant training encountered more emotional and socioeconomic challenges in the NICU as compared to those with 1-2 and 3-4 training. It shows that the nurses spent

more on registration fees when they attended more training. It might be that the employer does not shoulder the training and they spend their own money. This will affect them emotionally and socio-economically.

Relationship Between the Challenges and Dilemmas Encountered by

Nurses in the NICU and their Profile Variables

Table 20 displays the relationship between the challenges and dilemmas nurses encounter in the NICU and their profile variables.

As regards age and position, no significant relationship exists between the challenges and dilemmas encountered by the nurses in the NICU.

As to sex, more physical challenges are encountered by males.

Concerning civil status, the significant R-value, along with the emotional aspect, indicates that the more the nurses experience getting married and later getting separated, the more they encounter emotional challenges in the NICU.

Considering the highest educational attainment, significant positive R-values are shown in socioeconomic and spiritual challenges. This implies that the higher the nurses' educational attainment, the more significant socioeconomic and spiritual challenges they encounter.

Also, the longer the length of service of the nurses, the more they encounter physical and emotional challenges and dilemmas.

Finally, significant positive R-values are also recorded with physical, emotional, and socioeconomic challenges and dilemmas. This proves that the more training the nurses have attended, the more they encounter physical, emotional, and socioeconomic challenges and dilemmas.

IV. GET PEER REVIEWED

Here comes the most crucial step for your research publication. Ensure the drafted journal is

critically reviewed by your peers or any subject matter experts. Always try to get maximum review comments even if you are well confident about your paper.

V. IMPROVEMENT AS PER REVIEWER COMMENTS

Analyze and understand all the provided review comments thoroughly. Now make the required amendments in your paper. If you are not confident about any review comment, then don't forget to get clarity about that comment. And in some cases there could be chances where your paper receives number of critical remarks. In that cases don't get disheartened and try to improvise the maximum.

This completes the entire process required for widespread of research work on open front. Generally all International Journals are governed by an Intellectual body and they select the most suitable paper for publishing after a thorough analysis of submitted paper. Selected paper get published (online and printed) in their periodicals and get indexed by number of sources.

CONCLUSION

Based on the gathered data, the following are hereby concluded:

1. The respondents were young adults ,female-dominated, bachelor's degree holders, and staff nurses who had been in the service for more than five years and attended a few seminars on neonatal care.
2. Along the area of challenges, the nurses encountered most socioeconomic aspects, followed by physical, spiritual, and emotional aspects. Along dilemmas, the nurses encountered most along on how quick their actions when signs of complications are observed and they faced a lot of emotional stress during their shift.
3. The nurses who have served for more than 5 years have encountered more emotional challenges and dilemmas as compared to the nurses who are below 1 year in the service. Master's degree holders encountered more spiritual challenges than Bachelor's degree holders and with MA units. Male and female nurses significantly differ in the physical challenges that they encounter in the NICU.

4. The more training the nurses have attended, the more they encounter physical, emotional, and socioeconomic challenges and dilemmas. The higher the educational attainment of the nurses, the more they encounter socioeconomic and spiritual challenges. Married nurses encountered more emotional challenges in the NICU.

RECOMMENDATIONS

Based on the conclusions of the study, the following are hereby recommended:

The respondents must pursue a higher degree of learning to be more knowledgeable and updated on neonatal care. The respondents can have a dialogue with the administration for their benefits and recruitment of new nurses in the NICU. They must indulge in wellness activities in the hospital to lessen their stresses and be more knowledgeable about giving emergency care to newborns

The nurses must continuously improve their knowledge and skills in neonatal care for them to be skillful in their care of neonates

They must enhance their training to be more abreast with the trends in neonatal care.

The proposed program can be adapted to minimize the challenges and dilemmas of NICU nurses

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