

COPING STRATEGIES OF NURSES IN THE FACE OF WORKLOAD AND EMOTIONAL STRESS IN INTENSIVE CARE UNITS: A QUALITATIVE STUDY

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Abstract

Intensive care units are work environments that have a high level of complexity, high clinical risks, and demands for quick and accurate decision-making. This condition causes the nurses on duty in this unit to face heavy workloads and significant emotional stress. The pressure stems not only from the patient's critical condition, but also from interactions with patients' families, multidisciplinary team dynamics, and strict administrative and documentation demands. If not managed adaptively, this condition has the potential to cause work stress, emotional exhaustion, and even burnout which has an impact on the quality of service and patient safety. This study aims to explore in depth the coping strategies used by nurses in dealing with workload and emotional stress in intensive care units. The research uses a qualitative approach with a descriptive phenomenological design. Twelve nurses were selected by purposive sampling based on the criteria of at least two years of work experience in the intensive care unit. Data collection was carried out through semi-structured in-depth interviews and analyzed using thematic analysis. The results of the study identified five main themes, namely personal emotion regulation, social support from colleagues, strengthening spirituality, professional competency development, and time management strategies and work priorities. These findings show that nurse coping strategies are multidimensional and influenced by individual factors as well as the organizational environment. This study recommends strengthening organizational support and mental health promotive programs as part of nursing resource management in intensive care units.

Keywords: coping strategies, ICU nurses, emotional distress

Abstrak

Unit perawatan intensif merupakan lingkungan kerja yang memiliki tingkat kompleksitas tinggi, risiko klinis besar, serta tuntutan pengambilan keputusan cepat dan akurat. Kondisi tersebut menyebabkan perawat yang bertugas di unit ini menghadapi beban kerja yang berat dan tekanan emosional yang signifikan. Tekanan tersebut tidak hanya bersumber dari kondisi pasien yang kritis, tetapi juga dari interaksi dengan keluarga pasien, dinamika tim multidisiplin, serta tuntutan administratif dan dokumentasi yang ketat. Apabila tidak dikelola secara adaptif, kondisi ini berpotensi menimbulkan stres kerja, kelelahan emosional, bahkan burnout yang berdampak pada kualitas pelayanan dan keselamatan pasien. Penelitian ini bertujuan untuk mengeksplorasi secara mendalam strategi koping yang digunakan perawat dalam menghadapi beban kerja dan tekanan emosional di unit perawatan intensif. Penelitian menggunakan pendekatan kualitatif dengan desain fenomenologi deskriptif. Partisipan berjumlah dua belas perawat yang dipilih secara purposive sampling berdasarkan kriteria pengalaman kerja minimal dua tahun di unit perawatan intensif. Pengumpulan data dilakukan melalui wawancara mendalam semi terstruktur dan dianalisis menggunakan analisis tematik. Hasil penelitian mengidentifikasi lima tema utama, yaitu regulasi emosi secara personal,

dukungan sosial dari rekan kerja, penguatan spiritualitas, pengembangan kompetensi profesional, dan strategi manajemen waktu serta prioritas kerja. Temuan ini menunjukkan bahwa strategi koping perawat bersifat multidimensional dan dipengaruhi oleh faktor individu maupun lingkungan organisasi. Penelitian ini merekomendasikan penguatan dukungan organisasi dan program promotif kesehatan mental sebagai bagian dari manajemen sumber daya keperawatan di unit perawatan intensif.

Kata kunci: strategi koping, perawat ICU, tekanan emosional

INTRODUCTION

The intensive care unit is one of the health service units with the highest level of complexity in the hospital service system. In this unit, patients with critical conditions require close monitoring, ongoing interventions, as well as rapid response to changes in clinical status (Brown et al., 2014). Nurses have a central role in providing comprehensive nursing care for twenty-four hours. These demands cause the workload of nurses in intensive care units to tend to be higher than other units. In addition to clinical responsibilities, nurses must also coordinate with multidisciplinary teams intensively. This creates a dynamic, stressful, and high-risk work environment. This situation requires nurses to have good psychological resilience in order to be able to carry out their roles optimally.

The workload of nurses in intensive care units has to do not only with the number of patients, but also with the severity of the patient's condition. Critical patients often require mechanical ventilators, multiple infusion therapy, and other invasive procedures (Putra, 2025). Any small change in vital parameters can indicate a life-threatening condition. Therefore, nurses must always be on full alert. Constant alertness over a long period of time can cause physical and mental fatigue. In addition, the pressure to minimize clinical errors further increases the psychological burden. This combination of factors contributes to the emergence of significant work stress.

Emotional distress in intensive care units is also affected by exposure to critical situations and patient mortality. Nurses often witness the suffering of patients and families in conditions full of uncertainty (Wafa, 2025). Interaction with the patient's family who experiences anxiety, fear, and even anger can be a source of stress in itself. In certain situations, nurses must relay sensitive information or accompany family members in the last moments of a patient's life. Repeated experiences of such emotional situations can cause emotional exhaustion. If not managed properly, this has the potential to develop into compassion fatigue or burnout.

Burnout in nurses has become a global issue in health resource management. Burnout is characterized by emotional exhaustion, depersonalization, and decreased personal achievement (Ainul et al., 2025). This condition has an impact on the quality of nursing care, patient safety, and

job satisfaction of nurses. In the context of intensive care units, the risk of burnout tends to be higher due to consistent work intensity and emotional stress. Therefore, it is important to understand how nurses develop coping strategies in dealing with these conditions. An effective coping strategy can be a protective factor against the negative impact of work stress.

Coping strategies refer to the cognitive and behavioral efforts made by individuals to manage internal and external demands that are judged to exceed their capacity. This strategy can be problem-focused or emotion-focused (Bakhtiar & Asriani, 2015). In nursing practice, coping strategies are influenced not only by individual characteristics, but also by organizational culture, social support, and hospital management systems. An in-depth understanding of nurse coping strategies in intensive care units is essential for designing targeted interventions. The qualitative approach allows for a more comprehensive exploration of the subjective experience of nurses.

Although a number of studies have addressed work stress and burnout in nurses, there is still limited research that specifically explores the coping experiences of nurses in intensive care units in the context of local work cultures. Each work environment has unique dynamics, including communication patterns, leadership styles, and professional values embraced (Nisa et al., 2025). Therefore, contextual research is indispensable to produce relevant and applicable recommendations. By understanding nurses' experiences in depth, educational and healthcare institutions can develop evidence-based policies.

Based on this background, this study aims to explore the coping strategies used by nurses in dealing with workload and emotional stress in intensive care units. This research is expected to make a theoretical contribution to the development of nursing science, especially in the aspects of occupational health and stress management (Saleh et al., 2020). In addition, the research findings are expected to be the basis for the development of psychosocial support programs for nurses. Thus, the quality of nursing services and the welfare of health workers can be improved on an ongoing basis.

METHODS

This study uses a qualitative approach with a descriptive phenomenological design to understand the subjective experiences of nurses in dealing with workload and emotional distress in intensive care units. The phenomenological approach was chosen because it was able to explore the meaning of participants' life experiences in depth and comprehensively. The study participants were twelve nurses working in the intensive care unit of a referral hospital. The selection of participants was carried out using purposive sampling techniques with inclusion criteria, namely having at least two years of work experience in the intensive care unit and being willing to become a research

participant. The recruitment process is carried out until it reaches data saturation. All participants give written consent before the interview is conducted. This research has obtained ethical approval from the health research ethics committee.

Data collection was carried out through semi-structured in-depth interviews with a duration of between 45 to 90 minutes. Interviews are conducted face-to-face in a quiet and comfortable space to maintain confidentiality and comfort for participants. The interview guide includes questions about the experience of dealing with the workload, the form of emotional pressure felt, and the coping strategies used. All interviews were recorded with the participant's permission and then transcribed verbatim. The researcher also recorded field reflections to support the data analysis process.

Data analysis was carried out using thematic analysis through the stages of reading transcripts repeatedly, identifying the initial code, grouping the codes into categories, and formulating the main theme. The validity of the data was maintained through source triangulation techniques and member checking to several participants. The researcher also conducts peer discussions to ensure consistency of data interpretation. The entire analysis process is carried out systematically and well documented to maintain the credibility and dependability of the research.

RESULTS AND DISCUSSION

The results of the data analysis identified five main themes that describe nurses' coping strategies in dealing with workload and emotional distress in intensive care units. The first theme is the regulation of emotions personally. Most participants stated that they tried to control their emotions by taking deep breaths, doing self-reflection, and maintaining a professional attitude in front of patients and families. This strategy is carried out to prevent the overflow of negative emotions that can affect the quality of service. Some participants also mentioned the importance of separating work and personal life. They try not to carry the emotional burden from the hospital to the family environment (Septyaningsih & Palupiningdyah, 2017). This effort helps them maintain psychological balance.

The second theme is social support from coworkers. Participants emphasized that team solidarity is very helpful in dealing with work pressure. Informal discussions after dealing with a serious case are often a means of releasing emotions. Co-workers are considered to be the ones who best understand the situation in the intensive care unit. This support creates a sense of togetherness and mutual strengthening. In critical situations, good teamwork also reduces the burden on individuals (Leonard et al., 2004). This shows that a supportive work environment plays an important role in building nurse resilience.

The third theme is the strengthening of spirituality as a source of inner peace. Some participants revealed that prayer and a religious approach helped them come to terms with difficult situations, including the death of a patient. Spirituality gives meaning to a challenging work experience. With spiritual belief, nurses feel better able to deal with the uncertainty of clinical outcomes. Spiritual practice is also a means of self-reflection and introspection (Hidayat, 2025). This shows that the spiritual aspect has a significant role in the nurse's coping strategy.

The fourth theme is related to the development of professional competencies. Participants stated that the improvement of clinical knowledge and skills made them more confident in dealing with critical situations. This confidence reduces anxiety when making decisions. Ongoing training and education are considered essential to improve preparedness for complex cases. With adequate competence, psychological burdens can be suppressed (Giardini & Frese, 2006). This confirms the importance of institutional support in professional development.

The fifth theme is time management and work priorities. Nurses develop the ability to prioritize actions based on the patient's level of urgency. This ability helps reduce the feeling of overwhelm in dealing with multiple tasks at once. Some participants mentioned the use of to-do lists as a practical strategy. Effective timing improves work efficiency and reduces stress (Zahwa & Hanif, 2024). This strategy shows that coping is not only emotional, but also practical and structured.

The discussion of the results of the study shows that the nurse coping strategy is multidimensional. Emotion regulation reflects an emotion-focused coping approach, while time management and competency improvement reflect problem-focused coping. Social support strengthens the interpersonal dimension in coping. Spirituality is a protective factor that gives meaning to work experience. The combination of these strategies forms a complex adaptive mechanism (Ningsih, 2025).

These findings are in line with the concept that health worker resilience is built through the interaction between individual and organizational factors. A supportive work environment acts as a buffer against stress. Without organizational support, individual coping strategies may not be effective enough. Therefore, hospital management needs to provide psychological support programs. The systemic approach is more effective than the individual approach alone (Checkland, 1984).

In addition, the results of the study show that long work experience also affects the maturity of the coping strategy. Nurses with longer working hours tend to have more stable emotional control. They learn from previous experiences in dealing with critical situations. This learning process takes place gradually. Thus, mentoring for junior nurses is important (Indriasari & Tarigan, 2024).

The implications of this study include the need for stress management policies in intensive care units. Programs such as regular debriefing, psychological counseling, and stress management training can be integrated into the hospital system. These efforts not only improve the well-being of nurses, but also have an impact on patient safety. Continuous support is the key to maintaining service quality (Taufik et al., 2024).

CONCLUSION

This study shows that nurses in intensive care units face complex and ongoing workloads and emotional stress. In dealing with these conditions, nurses develop various coping strategies that are personal, social, spiritual, and professional. This strategy helps them maintain psychological balance and performance quality. The combination of emotion-focused coping and problem-focused coping becomes an effective adaptive mechanism.

The findings of the study confirm the importance of organizational support in strengthening nurse coping strategies. A supportive work environment, ongoing training, and mental health programs are essential. Without systemic support, the risk of burnout remains high even if individuals have a good coping strategy. Therefore, hospital management needs to integrate promotive and preventive approaches in human resource policies.

Overall, this research contributes to the development of nursing science, particularly in the context of occupational health and stress management in intensive care units. The results of the research can be the basis for the development of evidence-based interventions to improve the well-being of nurses. With well-being maintained, the quality of nursing care and patient safety can be improved on an ongoing basis.

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