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# Nurses' Experiences of Burnout in the Emergency Room of a Hospital in Medan, Indonesia: A Descriptive Phenomenological Study

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**ABSTRACT**
Burnout is a chronic state of physical and emotional exhaustion experienced by nurses as a result of prolonged exposure to work-related stress, particularly in high-demand environments such as emergency departments. Although quantitative data on its prevalence are available, the lived experiences and personal meanings that emergency nurses associate with burnout within Indonesia's cultural and institutional context remain poorly understood. The purpose of this study was to phenomenologically explore the experiences of burnout among nurses in the emergency room of a hospital in Medan, Indonesia. The study used a descriptive phenomenological approach. Ten nurses were selected using a purposive sampling technique. Data were collected through face-to-face, in-depth interviews using an interview guide. Methodological trustworthiness was ensured through the application of explicit reflexive bracketing, prolonged engagement, and member-checking procedures. The interview transcripts were systematically analyzed using Colaizzi's seven-step descriptive phenomenological method. The findings revealed five themes related to nurses experience on burnout in an emergency room: 1) receiving pressure and negative attitudes from patients and families, 2) undergoing high workloads and minimal appreciation, 3) experiencing negative feelings and low motivation, 4) facing internal obstacles and barriers, and 5) managing sources of stress and improving self-quality. The findings of this study indicate that burnout is a complex experience that affects nurses' physical and emotional well-being, while also influencing their work motivation and sense of professional meaning. Hospital management should establish structured psychological support systems, ensure objective workload redistribution, and implement clear workplace violence prevention policies to protect nurses' well-being and maintain the quality of patient care.

**Keyword:** Burnout, Descriptive Phenomenology, Emergency Room, Nurse, Hospital



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## 1. Introduction

Burnout is a condition characterized by chronic exhaustion resulting from prolonged exposure to emotional and interpersonal stressors, and is commonly marked by feelings of apathy, detachment, and hopelessness (Kelly et al., 2019). Burnout can also be defined as a syndrome characterized by an individual's reaction to prolonged and progressive work-related stress, which can become a chronic condition that causes

changes in the individual's health (Edú-valsania et al., 2022). Ge et al. (2023) previous studies have emphasized that the global prevalence of burnout among nurses between 2012 and 2022 reached 30.0%. Burnout is primarily driven by a persistent imbalance between job demands and available resources, which can significantly undermine both nurses' well-being and the overall safety and quality of patient care delivery (Ślusarz et al., 2022). The phenomenon of burnout is also prevalent among nurses in Indonesia; specifically, over 50% of 900 surveyed nurses experienced burnout, with a significant majority identifying inadequate basic salaries, a lack of institutional incentives, and low job satisfaction (Juanamasta et al., 2024). Within acute care settings, the situation is increasingly difficult. In North Sumatra specifically, Gulo et al. (2025) reported that 57.1% of emergency room nurses in a major general hospital in Medan suffered from high-level burnout. Similarly, localized quantitative research by Lumbantoruan et al. (2024) indicated that 51.6% of nurses in regional inpatient wards exhibited severe burnout, significantly correlated with environmental stressors (such as high ambient noise, poor ventilation, and extreme heat pressure). Demanding shift rotations, and excessive clinical workloads.

Among nurses, burnout is not solely caused by excessive workload but also by an imbalance between job demands and available job resources. Nurses experiencing burnout often report feelings of anger, which may increase their risk of developing depressive symptoms (Ślusarz et al., 2022). Another study found that, in addition to extreme workload and environmental factors, frequent exposure to negative emotions due to adverse events, lack of safety training, gender, and low pay can be stressors that contribute to burnout in nurses (Ma et al., 2025). Prolonged work–family conflict, intentions to leave the profession, and frequent absenteeism have been identified as important factors contributing to burnout among nurses (Dai et al., 2025). Job demand resources theory posits that burnout develops from a severe imbalance between job demands and available job resources (Bakker & Demerouti, 2017). These factors act as stressors that trigger negative feelings in nurses, resulting in a decline in the quality of nursing care provided. Zheng et al. (2024) identified the negative impacts of burnout experienced by nurses physiologically and psychologically. Physiologically, burnout can lead to structural and functional alterations in the brain, as well as an increased risk of cardiovascular disease, musculoskeletal and respiratory disorders, headaches, and infections. Psychologically, burnout can result in impaired cognitive functions such as memory and focus, as well as unstable emotions, such as anxiety and depression. The emergency room work environment is characterized by high work pressure, the need for quick decision-making, and exposure to intense patient emotions. These conditions increase the risk of burnout in nurses.

Physiologically, burnout can lead to structural and functional alterations in the brain, as well as an increased risk of cardiovascular disease, musculoskeletal and respiratory disorders, headaches, and infections. Existing quantitative studies reveal the prevalence of burnout but fail to clarify how these structural and cultural forces interact on the ground. It is necessary to move beyond statistics and explore the subjective meanings nurses assign to their distress. The purpose of this study was to explore the experiences of burnout among nurses working in the emergency department of a hospital in Medan, Indonesia. Therefore, this study sought to address the gap by answering the specific research question: What are the lived experiences of burnout among nurses working in the emergency room of a hospital in Medan, Indonesia?

## 2. Method

This study employed a descriptive phenomenological approach to explore nurses' lived experiences of burnout in an emergency department. The phenomenological method was chosen to gain a deeper understanding of the meanings that nurses attribute to their experiences of burnout. Methodologically, this study was guided by Husserlian transcendental phenomenology, which emphasizes capturing the psychological essence of a phenomenon through the descriptions provided by individuals who have directly lived the experience. The researchers deliberately set aside pre-existing theoretical assumptions, clinical preconceptions, and personal biases related to burnout and hospital administration throughout the research process. This bracketing was operationalized by maintaining a detailed reflexive journal, which allowed researchers to consciously identify and set aside their professional insights as nurses, ensuring that the final data interpretations were derived solely from the genuine narratives of the participants.

The researchers deliberately set aside pre-existing theoretical assumptions, clinical preconceptions, and personal biases related to burnout and hospital administration throughout the research process. This number was explicitly justified by descriptive phenomenological methodological recommendations, which suggest that a sample of 8 to 17 participants is optimal for achieving deep, rich textual descriptions without over-saturating the analytical process (Ayton et al., 2023). The sample size was further determined based on the principles of

meaning and code saturation, ensuring that the structural depth of the lived experiences was comprehensively captured. The research instruments consisted of a demographic data questionnaire, an in-depth interview guide, and the researcher as the primary instrument. The demographic data questionnaire included age, gender, education level, and length of service. The in-depth interview guide in this study contained six open-ended questions related to the nurses' experiences of burnout at the emergency room. The interview guide was developed based on a thorough literature review of Maslach's burnout dimensions and JD-R frameworks. Example question included: "Could you describe your professional experiences while working in the Emergency Room?"

The tools used during the interview process included a voice recorder to capture participants' statements and a notebook for documenting field notes and observations. The researcher served as the primary and active data collection instrument because the value of the data obtained during the interviews depends on the researcher's ability to explore the experiences of nurses through the questions asked. To ensure the appropriateness, clarity, and efficacy of the questions, a pilot study was conducted before the actual data collection with one ER nurse who met all inclusion criteria. It was not conducted to refine the content or framing of the questions, but rather to evaluate the format of the open-ended interview design and to enhance the researchers' qualitative interviewing skills.

Data collection was conducted from October to November 2025, after obtaining research permission and passing ethical review (Research Ethics Approval No. 1098/2025). All interviews were conducted face-to-face in a private and quiet area within the hospital's emergency department to ensure participant comfort, confidentiality, and minimal interruptions during the interview process. The researcher engaged in prolonged engagement with potential participants before the interviews, aiming to foster a trusting relationship between the researcher and participants. Each interview was conducted individually, lasted approximately 30-60 minutes, and was audio-recorded with the participant's consent. During the data collection process, the researcher extensively used open-ended probing questions to move beyond superficial responses and uncover the deeper meanings embedded in the nurses' lived experiences. When participants shared emotionally charged descriptions of workplace violence, systemic failures, or chronic exhaustion, the researcher would use probing to get deep narrative descriptions.

Data saturation was reached when successive interviews no longer generated new themes. After the eighth interview, recurring patterns were consistently identified, while the ninth and tenth interviews only confirmed the existing themes. After the eighth interview, no new conceptual codes, emotional dimensions, or thematic patterns emerged from the concurrent data analysis. The ninth and tenth interviews did not yield any novel insights but instead confirmed and stabilized the existing thematic structure. Field notes further supported the attainment of data saturation by documenting recurring behaviors and emotional expressions, indicating that sufficient depth and breadth of data had been achieved.

Data analysis was conducted in two ways. First, descriptive data analysis, which is the process of understanding and narrating participant characteristics, such as demographic data, distribution of education level, gender, and occupation, in a frequency distribution table. Second, qualitative data analysis, which is the process of describing and identifying relationships between phenomena and concepts, was conducted. Qualitative data were analyzed using Colaizzi's method. The first step involved reading all interview transcripts to gain a comprehensive understanding of nurses' experiences of burnout in the emergency department. The second step involved reviewing each transcript and extracting significant statements. The third step was to formulate the meaning of each key statement. The fourth step was to form theme groups and incorporate the formulated meanings. The fifth step was to combine the analysis results into a comprehensive description. The sixth step was to compile a complete description of the experiences of nurses of burnout at the emergency room into an effective and specific description. The final step involved validating the analysis results with participants to ensure that the findings accurately reflected nurses' experiences of burnout in the emergency department. To maintain transparency throughout the data analysis process, an audit trail was conducted to document each stage of the analytical procedure, including coding, categorization, and theme development. Thereby enhancing the credibility and dependability of the study's findings, the audit trail is presented in Table 1 below.

**Table 1** Audit Trail

| Significant statements | Coding | Category | Sub-theme | Major theme |
|---|---|---|---|---|
| "Sometimes, yes, they even pull our necks, grab our clothes… | Physical assault from patients and families | Experiencing extreme emotional outbursts and direct physical | Dealing with emotional behaviour | Receiving pressure and negative attitudes from |

Table 1 Continued

| Significant statements | Coding | Category | Sub-theme | Major theme |
|---|---|---|---|---|
| scratch us." (Participant 6) | | assault from frustrated patients' families | from patients and families | patients and families |

Data trustworthiness was maintained by applying the four criteria proposed by Lincoln and Guba (1985) to strengthen the validity of qualitative research. Credibility was ensured through prolonged engagement and member-checking procedures. Member checks were conducted after the themes had been developed through both text messages and face-to-face discussions. The researcher conducted a rigorous member checks with five participants via face-to-face follow-ups and text summaries; all five confirmed that findings accurately represented both transcript precision and their original emotional intent. The dependability criterion is implemented through reflexive journaling, where the researcher records what happens during the data collection process with participants, from before the interview until after the interview. The researcher's supervisor audited the raw transcripts, coding trees, and theme validation process to resolve any structural disagreements. Confirmability was ensured through expert review by a lecturer specializing in qualitative research from the Faculty of Nursing, who also served as the researcher's supervisor. Attained by executing explicit reflexive bracketing and securing expert checking from the research supervisor to ensure that interpretations were rooted solely in data and free from researcher projection. The transferability criterion is implemented through thick description, which is an in-depth description of the research findings, beginning with the background and characteristics of the participants, the conditions of the emergency room environment, and the experiences of participants experiencing burnout.

## 3. Results

More than half of the participants were male nurses (60%). The majority of participants were between 26 and 35 years of age. The educational level of the participants is similar: 5 have a Diploma 3 degree and 5 have a Bachelor's degree. Based on work duration, all participants worked for ≥ 35 hours/week, or 10 people (100%). Based on years of service, the majority of participants had worked as nurses for five years or more (60%). The results summary of the participant characteristics data are shown in Table 2 below.

**Table 2** Participant Characteristics (n=10)

| Participant Characteristics | Frequency (f) | Percentage (%) |
|---|---|---|
| **Gender** | | |
| Male | 6 | 60 |
| Female | 4 | 40 |
| **Age (years)** | | |
| 26-35 | 2 | 20 |
| 36-45 | 8 | 80 |
| **Educational Level** | | |
| Diploma | 5 | 50 |
| Undergraduate | 5 | 50 |
| **Working Hours** | | |
| ≥ 35 hours/week | 10 | 100 |
| **Years of service** | | |
| ≤ 5 years | 4 | 40 |
| ≥ 5 years | 6 | 60 |

The findings of this study revealed five main themes related to the experiences of nurses of burnout in the emergency room: 1) receiving pressure and negative attitudes from patients and families, 2) undergoing high workloads and minimal appreciation, 3) experiencing negative feelings and low motivation, 4) facing internal obstacles and barriers, and 5) managing sources of stress and improving self-quality.

*Theme 1: Receiving pressure and negative attitudes from patients and families*

This theme highlights how patient attitudes and behaviors, which are common occurrences in the emergency department, often complicate nurses' roles as healthcare providers. These pressures manifest themselves in the form of patient complaints, patient and family interventions regarding medical procedures,

and emotional behaviors. Some participants reported that patient complaints were often driven by impatience with waiting times and the pace of service delivery. This was echoed by one participant.:

*"It's just that here, we feel like the worst thing about the ER is that we don't get patient complaints. Not to mention the people who say, 'Hey, who's this?' and things like, 'You don't know who I am, do you?' and things like that." (Participant 5).*

Participants also reported encountering intense emotional reactions from patients and their family members, which in some cases escalated to acts of physical violence. This was conveyed by one participant.:

*"Sometimes, yes, they even pull our necks, grab our clothes, right? Sometimes they even scratch us." (Participant 6).*

*Theme 2: Undergoing a high workload and minimal appreciation*

This theme revealed that a high workload was a major factor contributing to the development of burnout among nurses. Participants not only provided nursing care but also performed various administrative tasks and coordinated patient care. This was conveyed by one participant:

*"Not in the ER, we're the ones who take care of it. We get all the medication from here. We also book rooms and transport patients, right?" (Participant 4).*

In addition, limited treatment space and high patient numbers increase psychological stress on nurses, as expressed by one participant.:

*"So, that's the obstacle. Where are we supposed to put them? They're not allowed to go up to the ward, and we're full here. That's a lot of pressure, isn't it? Because where are they supposed to put patients who need to go up but can't?" (Participant 10).*

The high workloads faced by participants were not matched by adequate appreciation or recognition, as expressed by one participant:

*"All the targets are nurses. There's no room, it's our fault. The AC is hot, it's our fault. All of us. Yes, we are in the wrong place as nurses." (Participant 2).*

*Theme 3: Experiencing negative emotions and low motivation*

This theme illustrates how ongoing work-related pressures give rise to a range of negative emotions, including anxiety, boredom, anger, fear, discomfort, emotional exhaustion, and diminished work motivation. These conditions arise from high service demands and repetitive work intensity. Participants revealed that these negative emotions often arose in response to patients' uncooperative attitudes and challenging behaviors. This was conveyed by one participant:

*"That's where stress peaks. That's what puts us in a bad mood. Because the patient is attacking us from below, right? Like that." (Participant 10).*

Participants expressed that feelings of demotivation and reluctance to work emerged, which subsequently led to a decline in their performance in providing nursing care. This is consistent with what one participant expressed.:

*"So, there's a definite feeling of 'I can't be bothered', right? There's an impact like that. So, my work isn't optimal. ...Yes, maybe in terms of working, I want to work, but it doesn't end up being optimal, right…." (Participant 3).*

*Theme 4: Facing internal obstacles and barriers*

The experience of burnout was influenced not only by external factors, such as interactions with patients and their families, but also by internal constraints within the healthcare service system. Participants reported problems with hospital management, limitations in service support systems, conflicts among healthcare workers, and miscommunication in team collaboration. One participant also highlighted several organizational challenges, including malfunctioning hospital applications, a chaotic work environment, inadequate regulations, and patient non-compliance, as factors contributing to workplace difficulties.:

*"If our application is broken, everything is disrupted. Lab results are disrupted, everything is disrupted. CPPT is disrupted too. That's the difficulty here. But because we're used to it, we don't think, 'Oh, never mind,'" (Participant 6).*

Participants noted that the number of nurses and available treatment areas in the emergency department was insufficient to meet service demands, and they also reported concerns related to payroll and compensation issues. This was conveyed by two participants.:

*"It's not like that here. We have four in the morning, and three in the afternoon because there are so many patients who pile up in the afternoon; actually, it's the afternoon. It's a shame," (Participant 1).*
*"It's just that there's trouble. Sorry, they said, but we've experienced six months where we only got small income. It's really something. The pressure is really intense." (Participant 9).*

*Theme 5: Managing sources of stress and improving self-esteem*

Participants employed a variety of coping strategies to manage and overcome their feelings of burnout. These strategies included drawing closer to God, engaging in recreational activities, sharing stories and seeking support from those closest to them, and seeking solutions to problems. These strategies helped nurses reduce the emotional stress they experienced while carrying out their nursing duties. Participants employed a variety of coping strategies to manage and overcome their feelings of burnout. This was expressed by one participant:

*"…usually asking forgiveness (istigfar), praying, and then more like suggesting to ourselves to be calmer" (Participant 3).*
*"In the past, refreshing activities were done such as going for a walk, maybe you know in Medan, to Brastagi or to Parapat…" (Participant 6).*

The themes and subthemes that have been identified from each participant's statements can be seen in Table 3.

**Table 3** Themes and sub-themes

| Themes | Sub-themes |
|---|---|
| Receiving pressure and negative attitudes from patients and families | 1. Get patient complaints<br>2. There are interruptions from patients and families<br>3. Dealing with emotional behavior from patients and families |
| Undergoing high workload and minimal appreciation | 1. Facing high workloads<br>2. Feeling the negative effects of work<br>3. Perceiving a lack of appreciation |
| Experiencing negative feelings and low motivation | 1. Feeling unpleasant emotions<br>2. Experiencing a decrease in work motivation |
| Facing internal obstacles and barriers | 1. There are problems in hospital management<br>2. Facing work conflicts<br>3. Limited human resources, facilities and infrastructure |
| Managing sources of stress and improving self-quality | 1. Find a resolution to work stress<br>2. Have confidence in self-improvement |

## 4. Discussion

This study aimed to explore nurses' experiences of burnout in the emergency department of a hospital. Several experiences reported by participants appeared to be closely linked to the characteristics of Indonesian emergency care settings, where emergency departments often face challenges related to high patient volumes, limited staffing, and resource constraints. The first theme is receiving pressure and negative attitudes from patients and family, directly reflects the Job Demands construct within JD-R theory. Many external factors put pressure on nurses in the ED, such as additional demands and increased levels of violence in the ED and spontaneous decisions in urgent situations that are questioned by management (Hetherington et al., 2024). High job demands, such as intense emotional interactions and exposure to verbal abuse, directly accelerate emotional exhaustion (Edú-valsania et al., 2022). The Job Demands–Resources (JD–R) model emphasizes that high job demands, such as heavy workloads and frequent patient complaints, can negatively affect nurses' job satisfaction, particularly when available job resources are insufficient to meet those demands (Dlamini & Tsele-Tebakang, 2025). Munn et al. (2024) stated that the ED work environment is characterized by high levels of workplace violence from patients and families, such as verbal abuse and unmitigated job demand. This study shows that Indonesian ER nurses face not only complaints about waiting times but also direct physical aggression, such as pulling clothes and scratching. Furthermore, when family anxiety intersects with ER overcrowding, it generates an aggressive, high-pressure environment that threatens nurse safety and depletes emotional resources (Getie et al., 2025).

The second theme refers to experiencing a high workload with limited appreciation. Based on Maslach's Burnout Theory, the intense work pressure experienced by participants triggered emotional exhaustion. Nurses

were required to remain alert during emergencies while simultaneously caring for patients with varying levels of urgency, which gradually depleted their emotional energy (Maslach & Leiter, 2016). The participants were required to absorb non-nursing duties, including portering, booking rooms, and managing administrative paperwork, due to inadequate support staffing. Banda et al. (2022) explained that extreme workloads without management support are associated with nurse burnout. High-pressure workloads and work environment aspects, such as poor workforce ratios and lack of communication between doctors and nurses, can trigger burnout in nurses in the emergency room (Shah et al., 2021). A study by Ma et al. (2025) stated that high workloads and busy schedules are contributing factors to burnout, particularly in the dimensions of emotional exhaustion and depersonalization. The experience of being unfairly blamed for structural failures (such as broken air conditioning or a lack of inpatient beds) indicates a misalignment in organizational values and recognition, which accelerates the depersonalization dimension of burnout (Maslach & Leiter, 2016). This finding is consistent with previous studies showing that when emergency department nurses are confronted with high job demands and intense work pressures, coupled with inadequate support from management, particularly from supervisors, they become more vulnerable to experiencing burnout (Pebianti et al., 2025).

The third theme is experiencing negative feelings and low motivation, illustrates the psychological progression of unmitigated burnout. Maslach's Burnout Theory explains that emotional exhaustion is characterized by a feeling of being drained of energy by nurses (Maslach & Leiter, 2016). This finding is consistent with previous studies showing that when emergency department nurses are confronted with high job demands and intense work pressures, coupled with inadequate support from management, particularly from supervisors, they become more vulnerable to experiencing burnout (Szczygiel & Mikolajczak, 2018). Pressure, which is a stress factor in the work environment, causes increased burnout, resulting in nurses experiencing decreased work motivation and other negative consequences, such as the emergence of unpleasant emotions, irritability, sensitivity, and resulting in work results that are considered poor when providing nursing services (Murharyati et al., 2023). The negative emotions experienced by emergency department nurses, including fatigue, anger, boredom, and anxiety, reflect common manifestations of burnout. These emotional responses can adversely affect nurses' well-being by creating distressing, burdensome, and unpleasant work experiences (Ataria et al., 2024). This finding can also be linked to the Job Demands-Resources Theory, as the impact of burnout experienced by participants is due to the imbalance between work demands, when an imbalance between extreme job demands and institutional resources persists over time. It leads to a chronic depletion of energy, causing nurses to reduce their work engagement as a subconscious defense mechanism to protect their remaining psychological well-being (Bakker & Demerouti, 2017).

The fourth theme refers to facing internal obstacles and barriers. This theme may be linked to participants' educational backgrounds and length of professional experience. Within the Job Demands–Resources framework, nurses with higher educational qualifications often have greater professional expectations and cognitive responsibilities. When the hospital system limits their clinical autonomy or burdens them with excessive administrative tasks, role conflict may arise, leading to reduced job satisfaction (Edú-valsania et al., 2022). These job demands include unstable workloads and patient overcrowding, cases requiring nurses to make quick decisions, intimidation and interventions in the hospital against nurses stemming from negative patient and family behavior, and physical burdens (Castner, 2019). Job demands that can trigger burnout in nurses include interactions with patients and families and prolonged emotional stress (Ślusarz et al., 2022). Other job demands experienced by emergency department nurses include limited resources, inadequate equipment, external interference, and interpersonal conflicts in the workplace, all of which may contribute to burnout (Wójcik et al., 2022). Similarly, heavy workloads, internal conflicts with colleagues, resource limitations, and monotonous work activities have been identified as factors contributing to burnout syndrome among nurses (Murharyati et al., 2023). The balanced educational background of participants, which included a diploma and bachelor's degree, also contributed to the burnout experience. Nurses with higher education often have greater professional expectations and cognitive responsibilities, while the work system in the emergency room does not fully provide the space to achieve these competencies. This situation creates a mismatch between role demands and job satisfaction within the Job Demands-Resources framework, described as an imbalance between high job demands and limited work resources, thus accelerating the onset of burnout (Edú-valsania et al., 2022). Additionally, 60% of participants had worked in the emergency department for more than five years. Previous studies have shown that nurses with medium tenure may experience a high prevalence of burnout due to the accumulation of long-term occupational stress, particularly when it is not accompanied by sufficient systemic support or career progression (Woo et al., 2020). This relates to this theme because participants described emotional conflict, mental exhaustion, and efforts to survive in work conditions

perceived as professional obligations. The limitations of human resources, facilities, and infrastructure faced by nurses can result in an imbalance between demands and resources. If this imbalance persists between human resources, facilities, and infrastructure and workload, nurses working in the emergency room will be more susceptible to burnout (Norful et al., 2023). While human resources, infrastructure, and facilities, which serve as resources, influence depersonalization (Edú-valsania et al., 2022).

The fifth theme, managing sources of stress and improving self-quality, demonstrates resilience through adaptive coping mechanisms. One coping strategy used by participants was a problem-solving approach, along with seeking support from those closest to them. A study by Sundari et al. (2023) explains that nurses in the emergency room used a planful problem-solving strategy, which involves solving problems gradually, and also employs the seeking social support method, which involves expressing concerns to a trusted individual to address burnout. When facing severe systemic constraints, the participants utilized both problem-focused and emotion-focused coping strategies to mitigate burnout (Martinez-Zaragoza et al., 2020). Furthermore, culturally and spiritually congruent coping mechanisms emerged as important resources for psychological resilience. Some participants reported drawing closer to God through worship to attain inner peace. The use of spiritual practices, such as seeking forgiveness through istigfar and prayer, reflects a strong reliance on religious frameworks to maintain inner calm amid workplace challenges (Sundari et al., 2023). The distraction coping method is also included in emotion-focused coping, which is an effort made by nurses by means of diversion so as not to think too much about problems that occur in the workplace, and it is stated that this method is effective even in a short time (Al-duraihim et al., 2023). Masoloko et al. (2024) explained that the coping strategies used by burnout nurses are by exercising and sharing stories or discussing with fellow nurses and families, participating in activities outside of work such as socializing and listening to music seen in the behavior of participants who choose to gather with friends or drink coffee together, so this strengthens the theory that activities outside of work are an effective coping strategy for nurses who experience burnout as a coping mechanism.

Indonesia's strong collectivist culture encourages active family involvement in patient care and decision-making processes. Consequently, emergency nurses frequently interact not only with patients but also with multiple family members who may express concerns, make demands, or voice dissatisfaction regarding treatment and care. This situation creates additional emotional and interpersonal pressure that may not be prominent in healthcare settings where family involvement is less intensive. Furthermore, participants commonly described relying on spiritual and religious practices, such as prayer and remembrance of God, to cope with work-related stress. Given the central role of spirituality in Indonesian society, these coping mechanisms may represent a culturally specific response to burnout. Therefore, the experiences of burnout identified in this study should be interpreted within the broader context of Indonesia's healthcare system, cultural values, and organizational environment, all of which shape how emergency nurses perceive, experience, and manage occupational stress.

Several methodological limitations were identified in this study. First, the room used for participant interviews did not provide complete privacy, which may have introduced minor environmental distractions during the interview sessions. In addition, operational and time constraints limited the depth of observations that could be conducted during night shifts.

## 5. Conclusion

Based on the findings of in-depth interviews with ten participants, five themes were identified that reflected nurses' experiences of burnout in the emergency department. ED nurses experience profound emotional exhaustion and reduced professional motivation due to frequent exposure to workplace violence, unfair institutional blame, understaffing, and technological disruption. However, this study found that nurses actively employed various coping strategies to manage burnout, enabling them to cope with workplace challenges and preserve a sense of professional meaning despite persistent work-related pressures. Ultimately, burnout must be addressed not merely require comprehensive, multi-level interventions from hospital leadership.

These findings highlight how organizational failures can intensify burnout when extreme job demands are not balanced with adequate resources. Emotional exhaustion occurs when individuals are depleted of their physical and emotional energy due to systematic overload. In this study, nurses described a state of feeling "unable to be bothered," which aligns with Maslach concept of cynicism and reduced personal accomplishment. Chronic exposure to negative workplace emotions causes a clear drain on energy, shifting from initial anxiety and frustration to severe professional apathy and a decline in care quality. To protect staff

well-being and maintain patient safety, hospital management should establish structured psychological support systems, implement objective workload redistribution, and develop clear workplace violence prevention policies to safeguard nurses' well-being and ensure the quality of patient care. Hospital executives must formulate and enforce strict, data-driven nurse-to-patient ratio policies that dynamically adjust to ER patient volume and overcrowding trends and establish routine, confidential, transparent, consistent, and timely financial compensation schedules to protect employees' economic security.

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