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The Meaning of Burnout in Nursing Practice: An Interpretative Phenomenological Study among Emergency Department Nurses

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Abstract

Background: Burnout is a multidimensional occupational phenomenon that disproportionately affects nurses working in high-intensity environments such as emergency departments (EDs). While quantitative studies have documented its prevalence and determinants, limited research has explored how nurses themselves interpret and make meaning of burnout within their professional and cultural contexts.
Objective: This study aimed to explore the lived meaning of burnout among emergency department nurses in Indonesia.
Methods: An interpretative phenomenological analysis (IPA) was conducted with ten ED nurses recruited through purposive sampling. Participants self-identified as experiencing burnout and had a minimum of one year of ED experience. Data were collected through in-depth semi-structured interviews and reflective field notes. Analysis followed established IPA procedures, including case-by-case examination, development of emergent themes, and synthesis into superordinate themes. Reflexivity, audit trails, peer debriefing, and member reflection were employed to ensure rigor, in line with COREQ guidelines.
Results: Four superordinate themes were identified: (1) burnout as relentless moral and physical overload, (2) burnout as erosion of self and emotional presence, (3) burnout as tension between professional duty and personal life amid limited organizational support, and (4) burnout as a professional test reinterpreted through spirituality and peer solidarity. Burnout was understood not merely as exhaustion, but as a meaning-laden experience involving identity disruption, moral distress, and adaptive resilience.
Conclusion: Emergency nurses interpret burnout as a complex lived experience shaped by systemic demands, cultural values, and personal meaning-making processes. Addressing burnout therefore requires organizational reform alongside interventions that acknowledge nurses' moral, emotional, and spiritual dimensions.

Keywords: burnout; emergency nurses; interpretative phenomenology; qualitative research; meaning-making

INTRODUCTION

Burnout among healthcare professionals, especially nurses, has been recognized by the World Health Organization (1) in ICD-11 as an occupational phenomenon arising from unmanaged chronic workplace stress, characterized by three dimensions: emotional exhaustion, cynicism or mental distancing from work, and reduced professional efficacy. The Emergency Department (ED) context intensifies this risk due to acute case characteristics, fluctuating workloads, exposure to trauma, and potential violence all of which cumulatively erode nurses' emotional reserves.

Globally, recent evidence shows that nurse burnout remains alarmingly high. (2,3), in a meta-analysis of 94 studies across more than 30 countries, estimated a 30% prevalence of burnout among nurses (95% CI 26–34%), with an upward trend in the past decade. Similarly, (4,5) reported that one-third of nurses experience emotional exhaustion and low personal accomplishment, while one-quarter experience depersonalization. These findings confirm burnout as a global, system-level issue. The consequences of burnout extend beyond nurses' well-being, directly affecting service quality and patient safety. Li and Jun (6,7), in a meta-analysis of 85 studies (N = 288,581), found that burnout is associated with decreased safety culture, increased nosocomial infections, patient falls, medication errors, missed care, and reduced patient satisfaction.

In Indonesia, emerging evidence highlights the need for urgent attention. A multicenter study by Juanamasta (8) across 22 hospitals (N = 900) identified determinants of nurse burnout including job satisfaction, salary, motivation, age, incentives, competence, additional responsibilities, and quality knowledge. The study revealed that 72.9% of ED nurses experienced emotional exhaustion during the pandemic, emphasizing the lack of in-depth studies exploring lived experiences.

International evidence shows that ED and ICU nurses are among the groups at highest risk. Lin (9) identified extreme workload, clinical uncertainty, crowding, and repeated trauma exposure as major contributors to burnout and compassion fatigue. Pan et al. (2025) similarly noted that ED nurses face elevated compassion fatigue closely linked to burnout. Despite growing interventions such as mindfulness and coaching, most studies remain quantitative and rarely explore the subjective meaning of burnout, especially in the Indonesian ED context. Existing Indonesian studies focus on prevalence and determinants rather than the lived experience of burnout. International research (10) provides a framework but lacks contextual insight into how Indonesian ED nurses interpret burnout. Given the established impact of burnout on care quality and safety, this study aims to fill the gap by using a phenomenological approach to explore nurses' lived experiences of burnout in the ED, generating contextual understanding for managerial and policy-level interventions.

METHODS

Study Design

This study employed a qualitative design using Interpretative Phenomenological Analysis (IPA) to explore how emergency department (ED) nurses make sense of burnout within their professional lives. IPA is grounded in phenomenology, hermeneutics, and idiography, emphasizing both participants' lived experiences and the researchers' interpretative engagement. This approach was selected because burnout is not only a psychological state but also a deeply subjective and meaning-laden phenomenon.

Researcher Reflexivity

The primary interviewer was a nurse academic with clinical experience in acute care but no supervisory relationship with participants. Reflexive journaling was maintained throughout data collection and analysis to bracket assumptions regarding burnout and emergency nursing. Regular peer debriefing sessions were conducted to critically examine interpretive decisions.

Participants and Sampling

Participants were recruited from Type B and Type C hospitals using purposive, idiographic sampling, consistent with IPA principles. Inclusion criteria were: (1) registered nurses with ≥1 year of ED experience, and (2) self-identification as experiencing burnout. Formal screening instruments were intentionally not used, as IPA prioritizes participants' subjective recognition and articulation of experience rather than predefined diagnostic thresholds. This decision aligns with IPA methodology and avoids construct imposition.

Sampling continued until meaning saturation was achieved, defined as no emergence of new experiential or interpretive insights across cases. Ten nurses participated, which is appropriate for IPA's depth-oriented analysis.

Data Collection

Semi-structured interviews lasting 45–60 minutes were conducted in private settings or via secure online platforms, depending on participant preference. The interview guide was pilot-tested and refined to elicit reflective accounts of burnout experiences, identity impact, emotional responses, and coping interpretations. Field notes documented contextual and non-verbal observations. Each interview lasted

approximately 45 to 60 minutes and was conducted either face-to-face or via secure virtual platforms, depending on participant availability and preference. Field notes were taken to capture non-verbal cues, emotional expressions, and contextual observations that enriched the interpretation of verbal data. Interviews were guided by open-ended questions to encourage reflection and depth of response. Participants were asked to describe their understanding of burnout, specific situations that evoked emotional or physical exhaustion, how burnout affected their interactions with patients and colleagues, and what coping strategies they employed. All interviews were recorded with participant consent and transcribed verbatim to preserve authenticity and detail.

Data Analysis

Data analysis followed established Interpretative Phenomenological Analysis (IPA) procedures. Each transcript was read repeatedly to achieve immersion in the participant's account and to gain a holistic understanding of the lived experience. Detailed initial noting was then undertaken, encompassing descriptive, linguistic, and conceptual comments to capture both explicit content and underlying meaning. From these notes, emergent themes were developed within each individual case, reflecting the participant's sense-making processes. These themes were subsequently examined for conceptual connections and clustered into superordinate themes while maintaining the idiographic focus central to IPA. A cross-case interpretative synthesis was then conducted to identify shared patterns of meaning across participants without erasing individual nuance. The analysis was performed manually, supported by analytic memos and iterative team discussions to enhance interpretive rigor and reflexivity.

Trustworthiness

Rigor was ensured through credibility (prolonged engagement, peer debriefing), dependability (audit trail), confirmability (reflexive documentation), and transferability (thick description). Reporting adheres to COREQ standards, with a completed checklist provided as supplementary material.

Ethical Considerations

This study received ethical approval from the Institutional Health Research Ethics Committee prior to data collection. The confidentiality and anonymity of participants were strictly maintained throughout the research process by assigning unique identification codes instead of using personal names. All participants were fully informed about the objectives, procedures, and potential implications of the study before providing their consent. Participation was entirely voluntary, and participants retained the right to withdraw from the study at any point without any form of penalty or consequence. These measures were implemented to ensure compliance with ethical principles of autonomy, beneficence, non-maleficence, and justice in qualitative research involving human subjects.

RESULTS

Demographic Characteristics of Participants

A total of 10 nurses from the Emergency Department (ED) participated in this study. Participants were aged between 24 and 42 years, with work experience ranging from 2 to 15 years. The majority were female (70%), with most holding a Diploma in Nursing (60%) and the rest a Bachelor's degree in Nursing (40%).

Table 1. Demographic Characteristics of Participants

Participant Code	Age	Gender	Education	Years of Service in the ED
P1	26	Female	Diploma in Nursing	3 years
P2	30	Male	Bachelor of Nursing	6 years
P3	28	Female	Diploma in Nursing	4 years
P4	32	Female	Bachelor of Nursing	8 years
P5	35	Male	Diploma in Nursing	10 years
P6	24	Female	Diploma in Nursing	2 years
P7	29	Female	Bachelor of Nursing	5 years
P8	38	Male	Diploma in Nursing	12 years
P9	42	Female	Bachelor of Nursing	15 years
P10	27	Female	Diploma in Nursing	3 years

Theme 1: Burnout as Relentless Moral and Physical Overload

Burnout was experienced as more than workload volume; participants described it as moral saturation, where continuous exposure to urgency, suffering, and life-or-death responsibility depleted their emotional reserves. Nurses interpreted this overload as a persistent ethical pressure to "never fail," even when resources were insufficient.

"Sometimes during a single shift, patients keep coming nonstop. It feels like there's no time even to drink water." (P3)

In addition, the demand for rapid decision-making and immediate medical action contributes to the pressure. Even a slight delay can be perceived as potentially fatal, creating a persistently high-stress psychological environment.

"In the ED, everything has to be fast. Even a small delay could be fatal." (P7)

Excessive workload was perceived as the main trigger of burnout. Nurses felt "trapped" in a never-ending work cycle, making it difficult to maintain balance between professional demands and personal capacity.

Theme 2: Burnout as Erosion of Self and Emotional Presence

Participants described burnout as a gradual **loss of self**, marked by emotional numbness and depersonalized care. Performing nursing tasks "like a robot" symbolized an existential distancing from professional identity rather than mere fatigue.

"After work, I usually fall asleep right away. My body feels shattered, and sometimes I don't even have the energy to meet my family." (P5)

Emotional exhaustion manifested as a loss of emotional engagement with patients. Some nurses described performing nursing tasks mechanically, without the same empathy they once felt.

"Sometimes I feel empty, like a robot—doing the tasks, but my heart isn't in it." (P9)

Continuous fatigue led to a state where nurses felt disconnected both physically and emotionally from their patients. Burnout was interpreted as a process of "losing oneself" in nursing practice continuing to perform duties but with diminished emotional involvement.

Theme 3: Burnout as Tension Between Professional Calling and Personal Life

Burnout emerged as an internal conflict between professional devotion and personal roles. Nurses experienced guilt and identity fragmentation when institutional demands eclipsed family responsibilities, particularly in the absence of managerial empathy.

"Work and family often clash. When I'm on a night shift, my child at home doesn't get enough attention." (P1)

In addition to role conflict, participants expressed feelings of inadequate organizational support. They felt that hospital management imposed demands without providing sufficient emotional or policy-based support for staff well-being.

"Sometimes management only demands things from us but rarely listens to nurses' complaints." (P2)

Burnout was thus perceived as the result of a clash between personal needs and job demands, exacerbated by limited organizational support. Nurses viewed burnout not merely as an individual issue but as a reflection of a work system that fails to prioritize healthcare workers' welfare.

Theme 4: Burnout as a Professional Test Reinterpreted Through Meaning

Despite distress, participants re-framed burnout as a test of endurance and faith, drawing on spirituality, collegial solidarity, and cultural values such as *ikhlas* (acceptance). This reinterpretation functioned as a survival mechanism that restored meaning amid adversity.

"I usually take a short moment to pray or talk with colleagues—it really helps." (P6)

Some nurses also perceived burnout as an inevitable part of their demanding profession. Viewing it this way allowed them to treat burnout as an opportunity for learning and building resilience.

"I realize this is part of the profession, so I see burnout as a test to stay strong." (P8)

These coping mechanisms illustrate the nurses' resilience. Burnout was seen not only as a burden but also as part of their professional journey—something that, when faced adaptively, could lead to renewed strength and professional growth.

DISCUSSION

This study demonstrates that burnout among ED nurses is not merely a syndrome of exhaustion but a meaning-laden lived experience involving moral distress, identity erosion, and cultural reinterpretation. Consistent with Hetherington and Wilkinson (11,12), nurses described burnout as emerging from blurred professional boundaries and escalating role demands. However, this study extends prior work by illuminating how Indonesian nurses interpret burnout through moral obligation, spirituality, and professional calling. The erosion of emotional presence aligns with the depersonalization dimension of burnout (13), yet participants framed this not as disengagement but as a protective distancing to remain functional. This finding resonates with moral injury frameworks increasingly applied to nursing and emergency care. ED nurses often contend with unpredictable patient inflow, urgent emergencies, and the need to make swift decisions under pressure. A study by (14) found that situational factors such as patient volume and clinical uncertainty directly contribute to the prevalence of burnout among ED nurses. More recently, Hetherington (12) highlighted how role ambiguity and blurred work boundaries intensify workplace stressors, ultimately increasing the risk of emotional exhaustion. These findings suggest that burnout in the ED is not merely an individual concern but a systemic issue rooted in the inherently intense and volatile nature of emergency care.

Chronic physical fatigue and a sense of emotional "emptiness" reported by participants reflect two major dimensions of the Maslach Burnout Inventory (MBI), namely emotional exhaustion and depersonalization. In this study, nurses described themselves as “robots,” performing required tasks without emotional connection to patients. This result is consistent with a systematic review by Rotenstein (15,16), which found that healthcare workers experiencing burnout commonly report extreme fatigue and a loss of meaning in their professional roles. In the context of nursing, (16) argue that emotional exhaustion not only undermines individual well-being but also leads to reduced care quality, increased risk of medical errors, and serious threats to patient safety. Thus, burnout in the ED must be understood as a critical clinical concern with wide-ranging implications beyond personal distress.

The nurses in this study also emphasized role conflict between professional responsibilities and family life, compounded by limited organizational support. This is consistent with the Job Demands–Resources Model proposed by (17), which posits that burnout develops when high job demands are not balanced with sufficient resources or support. The current findings align with (12), who identified role shifts, unclear task boundaries, and inadequate managerial backing as key drivers of ED burnout. More broadly, a review by (18) demonstrated a clear link between poor healthcare worker well-being, insufficient organizational support, and increased patient safety incidents. These observations reinforce the need to view burnout not solely as an occupational health issue, but as a strategic patient safety concern.

Interestingly, this study also revealed that some nurses were able to reframe their experience of burnout in more positive terms through spiritual coping and peer support strategies. This reflects the personal accomplishment dimension in Maslach’s model, where individuals strive to maintain a sense of achievement despite high stress. This phenomenon is further supported by the theory of post-traumatic growth (19–21), which suggests that chronic stress may lead to personal development when individuals employ adaptive coping mechanisms. In the nursing context, spiritual practice and social support have been shown to foster resilience and reduce the risk of emotional exhaustion (22). These insights illustrate that while burnout can be destructive, nurses may still find meaning and renewed strength that enables them to persist in their professional roles.

Overall, this study deepens understanding of burnout in nursing practice by demonstrating it as a multidimensional experience involving excessive workload, physical and emotional fatigue, role conflict, limited organizational support, and opportunities for positive meaning-making. The findings reinforce the Maslach and Jackson model, emphasizing burnout as an interaction between job demands, organizational resources, and individual capacity. Practically, the results underscore the need for multi-level interventions. At the individual level, resilience training, stress management, and spiritual support are recommended. At the organizational level, workload restructuring, humane shift rotation, and psychosocial support programs are essential. At the health system level, adequate

resourcing and national policies prioritizing healthcare worker well-being in critical care settings are needed. These culturally grounded insights can inform contextually appropriate interventions for ED nurses in Indonesia.

Clinical Implications

This study highlights burnout among emergency department (ED) nurses as a complex lived experience involving moral distress, emotional erosion, identity disruption, and culturally mediated meaning-making. Clinically, the findings indicate that burnout interventions should extend beyond individual stress management to address ethical, emotional, and relational dimensions of nursing practice. Nurse managers and clinical leaders should implement structured psychosocial supports, including reflective debriefing, peer-support programs, and access to counseling services. Organizational strategies such as adequate staffing, fair workload distribution, and humane shift rotation are essential to reduce moral and physical overload. Recognizing spiritual coping and collegial solidarity may further enhance resilience, nurse retention, patient safety, and quality of care.

Study Limitations

Several limitations should be considered. This study involved a small sample of emergency department nurses from selected hospitals, which may limit transferability to other settings. Participants were recruited based on self-identified burnout without standardized diagnostic instruments; while consistent with interpretative phenomenological analysis (IPA), this may limit comparability with quantitative studies. Data were collected at a single time point, preventing exploration of changes in burnout across career stages or organizational transitions. As with all qualitative research, findings reflect both participants' accounts and the researcher's interpretative perspective, despite efforts to ensure rigor and reflexivity. Future research using longitudinal, multisite, or mixed-methods designs is recommended.

CONCLUSION

Burnout among emergency nurses is experienced as a complex disruption of professional identity, emotional presence, and moral integrity. Through interpretative phenomenological analysis, this study reveals burnout as a lived experience shaped by systemic pressures and culturally grounded meaning-making processes. Effective burnout mitigation therefore requires organizational reform alongside interventions that acknowledge nurses' moral, emotional, and spiritual dimensions. Nonetheless, some nurses discovered positive meaning through spiritual coping mechanisms, peer support, and personal resilience, viewing burnout as a professional challenge that can enhance self-endurance. These findings affirm the three core dimensions of burnout including emotional exhaustion, depersonalization, and reduced personal accomplishment and provide a phenomenological perspective on how ED nurses in Indonesia experience and interpret these conditions. Therefore, burnout should be understood as a complex phenomenon shaped by systemic demands, organizational support, and individual coping strategies.

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Author Contributions

SEL: Conceptualization, study design, participant recruitment, data collection, data analysis and interpretation, manuscript drafting, critical revision, and final approval of the manuscript.

Conflict of Interest

The author declares that there is no conflict of interest related to this study.

Data Availability Statement

Due to the qualitative and interpretative nature of the study and to protect participant confidentiality, interview transcripts are not publicly available. De-identified data may be made available by the corresponding author upon reasonable request and subject to ethical approval.

REFERENCES

1. Organization WH. Burn-out an "occupational phenomenon":

International Classification of Diseases. 2019.
2. Woo T, Ho R, Tang A, Tam W. Global prevalence of burnout symptoms among nurses: A systematic review and meta-analysis. J Psychiatr Res. 2020;123:9–20.
3. Ge M, Hu F, Jia Y, Tang W, Zhang W, Chen H. Global prevalence of nursing burnout syndrome and temporal trends for the last 10 years: a meta-analysis of 94 studies covering over 30 countries. J Clin Nurs. 2023;32(17–18):5836–54.
4. Getie A, Ayenew T, Amlak BT, Gedfew M, Edmealem A, Kebede WM. Global prevalence and contributing factors of nurse burnout: an umbrella review of systematic review and meta-analysis. BMC Nurs. 2025;24(1):596.
5. Novianty L, Said FM, Nambiar N. Factors Affecting Academic Burnout Among Nursing Students. Jurnal Keperawatan Komprehensif (Comprehensive Nursing Journal). 2025;11(1):181–8.
6. Jun J, Ojemeni MM, Kalamani R, Tong J, Crecelius ML. Relationship between nurse burnout, patient and organizational outcomes: Systematic review. Int J Nurs Stud. 2021;119:103933.
7. Li LZ, Yang P, Singer SJ, Pfeffer J, Mathur MB, Shanafelt T. Nurse burnout and patient safety, satisfaction, and quality of care: a systematic review and meta-analysis. JAMA Netw Open. 2024;7(11):e2443059–e2443059.
8. Juanamasta IG, Aungsuroch Y, Gunawan J, Dino MJ, Polsook R. Prevalence of burnout and its determinants among Indonesian nurses: a multicentre study. Sci Rep. 2024;14(1):31559.
9. Lin KH, Selvanayagam N, Patnaik S, Kuo CY. Burnout among physicians and nurses working in intensive care units and emergency departments: A systematic review and Meta-Analysis. J Emerg Nurs. 2025;
10. Pan Y, Wang X, Jin W. Risk of compassion fatigue among emergency department nurses: a systematic review and meta-analysis. BMC Emerg Med. 2025;25(1):155.
11. Wilkinson S. How nurses can cope with stress and avoid burnout. Emergency Nurse. 2014;22(7).
12. Hetherington D, Wilson NJ, Dixon K, Murphy G. Emergency department nurses' narratives of burnout: changing roles and boundaries. Int Emerg Nurs. 2024;74:101439.
13. Maslach C, Jackson SE, Leiter M. Maslach Burnout Inventory Manual Consulting Psychologists Press. Palo Alto, CA, EEUU. 1986;
14. Zou G, Shen X, Tian X, Liu C, Li G, Kong L, et al. Correlates of psychological distress, burnout, and resilience among Chinese female nurses. Ind Health. 2016;103–2015.
15. Rotenstein LS, Torre M, Ramos MA, Rosales RC, Guille C, Sen S, et al. Prevalence of burnout among physicians: a systematic review. JAMA. 2018;320(11):1131–50.
16. Meredith LS, Bouskill K, Chang J, Larkin J, Motala A, Hempel S. Predictors of burnout among US healthcare providers: a systematic review. BMJ Open. 2022;12(8):e054243.
17. Schaufeli WB, Taris TW. A critical review of the JDs-resources model: Implications for improving work and health. Bridging Occupational, Organisational and Public Health. Springer; 2014.
18. Schaufeli WB. Applying the Job Demands-Resources model: A 'how to'guide to measuring and tackling work engagement and burnout. Organ Dyn. 2017;46(2):120–32.
19. Sumarni T, Mediawati AS, Yulianita H. Academic burnout among undergraduates nursing students. Journal of Nursing Care. 2021;4(3).
20. Sudrajat DA, Rosmayanti WW, Kumala TF. The Effect of Hardiness Training on Academic Burnout in Nursing Students in STIKep PPNI Jawa Barat. Jurnal Keperawatan Komprehensif (Comprehensive Nursing Journal). 2024;10(4):467–76.
21. Tedeschi RG, Calhoun LG. " Posttraumatic growth: conceptual foundations and empirical evidence." Psychol Inq. 2004;15(1):1–18.
22. Lee HF, Yen M, Fetzer S, Chien T. Predictors of Burnout Among Nurses in Taiwan. Community Ment Health J. 2014 Dec;51.