



Exploring Nurses' Experiences and Coping Strategies in Managing Mental Health Patients in Indonesian Hospital Settings: A Qualitative Study

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Article Info

Article history:

Received 30-07-2025

Revised 19-09-2025

Accepted 24-09-2025

Keyword:

Nurses' Experiences, Coping Strategies, Mental Health Care, Hospital Settings, Emotional Resilience, Healthcare Professionals

ABSTRACT

The nursing profession in mental health settings plays a pivotal role in managing patients with psychological disorders, yet there is limited understanding of the emotional and psychological challenges faced by nurses in this field. While much research has focused on general clinical practices, the personal experiences and emotional labor of nurses remain underexplored. This study addresses the gap in knowledge by exploring the lived experiences of nurses who care for patients with mental health disorders. Using a phenomenological approach, this research seeks to uncover the meaning nurses assign to their professional roles and the emotional challenges they face in these settings. Data were collected through in-depth, semi-structured interviews with 12 nurses working in a hospital, and analyzed using thematic analysis. The participants consisted of 9 female and 3 male nurses, with ages ranging from 27 to 45 years, and an average of 8 years of professional experience in mental health wards. Purposive sampling was employed to ensure participants had substantial exposure to mental health patients and could provide rich experiential accounts. The findings revealed that nurses experience significant emotional strain, a lack of mental health training, and insufficient institutional support, but they develop coping mechanisms such as peer support and self-care practices. These results contribute to a deeper understanding of emotional labor in nursing and highlight the importance of institutional and peer support in improving nurses' well-being. Nevertheless, this study is limited by its relatively small sample size and focus on a single hospital setting, which may restrict the transferability of findings to broader contexts. Future studies involving larger and more diverse samples are needed to enhance the generalizability and depth of understanding. These findings offer valuable insights for healthcare systems aiming to improve nurse resilience and suggest avenues for future research on emotional resilience and professional development in mental health nursing.



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INTRODUCTION

The management of patients with mental health disorders in hospital settings presents a complex and multifaceted challenge. Mental health conditions, including depression, anxiety, and psychosis, affect millions globally and have a significant impact on the healthcare system (Shahrour & Dardas, 2020). Nurses, as primary caregivers in clinical environments, play a pivotal role in managing both the physical and psychological needs of patients with mental health conditions (Merry et al., 2021). Yet, despite this central role, limited research has examined how nurses themselves experience and cope with the emotional demands of mental health care. This underexplored dimension represents a critical research gap that frames the objectives of the present study.

Understanding nurses' experiences is also essential in contexts where mental health stigma persists, as socio-cultural attitudes shape both care practices and the psychological strain on nurses (Dalir et al., 2020; (Godshall, 2021). Thus, the study is not only clinically relevant but also socially

significant, as it explores how professional responsibilities intersect with societal perceptions of mental illness.

To address this gap, the study adopts a phenomenological approach, enabling a detailed exploration of the subjective meanings nurses attach to their roles and the coping strategies they employ (Chen et al., 2021; (Y. Liu et al., 2020). This methodological choice directly supports the study's objectives: to uncover how nurses interpret their emotional challenges, construct resilience, and sustain empathy in demanding clinical environments..

While existing literature has predominantly emphasized clinical tasks and procedural aspects of psychiatric nursing (Lartey et al., 2020), little is known about the personal and psychological dimensions of nurses' (Luo et al., 2023). Quantitative studies often measure stress or job satisfaction but fail to capture the nuanced, lived realities of care provision (N. Liu & Zhang, 2020). By contrast, phenomenology provides a lens to move beyond surface-level indicators and illuminate the deeper emotional labor embedded in daily nursing practice (Chew et al., 2021).

The methodological challenges in exploring the deep meanings and personal experiences of healthcare professionals are significant. Quantitative approaches, which dominate much of healthcare research, are often insufficient for investigating the subjective and experiential nature of the phenomenon (N. Liu & Zhang, 2020). They tend to reduce complex emotional and psychological experiences into measurable variables, overlooking the personal meaning that individuals attach to their experiences. For instance, while surveys may gather data on job satisfaction or stress levels, they cannot adequately address the internal, emotional responses that nurses have in relation to their work with mental health patients. This is where phenomenology offers a distinct advantage (Chew et al., 2021). By focusing on the lived experiences of individuals, phenomenology allows for a deeper exploration of how nurses interpret and give meaning to their daily interactions with patients, highlighting the emotional and psychological challenges that may otherwise be overlooked in traditional research.

However, the limitations of previous research highlight the necessity of this phenomenological study. Existing methods often fail to provide a comprehensive understanding of the essence of the experiences faced by nurses in mental health settings (Shaban et al., 2024) . Much of the research in this area has been restricted to general overviews of workload, stress, or job satisfaction, without delving into the nuanced emotional journeys that healthcare providers undergo (Betriana & Kongsuwan, 2020). Phenomenology, with its focus on rich, descriptive data from the perspective of the participants, can fill this gap by revealing the core of the experience and offering insights that can lead to more supportive policies and improved care practices.

In the context of nursing and mental health care, much of the existing research relies on practical, generalized approaches that primarily focus on quantifiable outcomes, such as workload, stress levels, or patient outcomes (Debesay et al., 2022). These solutions, while useful in providing broad insights, often fail to capture the rich, complex nature of the lived experiences of nurses (S. Kim et al., 2023). Traditional methodologies, such as surveys and statistical analyses, are limited in their ability to explore the personal, emotional, and psychological dimensions of the professional experience. While these methods provide valuable data on trends and general patterns, they miss the subtleties of how nurses subjectively experience their roles and the emotional challenges they face in managing patients with mental health disorders. This gap in understanding leaves us with a less comprehensive view of the phenomenon, particularly regarding the internal struggles, coping mechanisms, and emotional resilience that nurses rely on in their day-to-day work.

To address these limitations, adopting a phenomenological approach offers a significant advantage. By focusing on the lived experiences of nurses, phenomenology allows for a deeper exploration of the meaning they assign to their experiences (Krzyzaniak et al., 2021). This method goes beyond surface-level data, tapping into the essence of their professional encounters and revealing the emotional, social, and personal factors that influence their work. Phenomenology is uniquely suited for uncovering the complexity of the emotional toll that nurses experience in mental health settings, as it captures the nuanced, subjective dimensions of their practice (Deliktas Demirci et al., 2021). Thus, the need for this study becomes clear: by employing a phenomenological approach, the

research aims to provide a holistic understanding of the challenges and emotional landscapes faced by nurses, offering a richer, more detailed exploration of their experiences.

Relevant research on the experiences of nurses in mental health settings has focused on the challenges they face in managing patients with psychological disorders, but few studies have fully explored the emotional and psychological dimensions of their work (Marey-Sarwan et al., 2022). Previous studies have often applied quantitative methods, measuring stress, workload, or job satisfaction, which fail to capture the nuanced, subjective experiences of healthcare providers. Theories related to emotional labor, stress coping, and professional burnout have provided valuable insights into the broader context of nursing work, but they have not sufficiently addressed how nurses interpret and make sense of these experiences at a personal level (Ali et al., 2020). To fill this gap, a phenomenological approach is proposed, focusing on understanding the lived experiences of nurses, as it offers an in-depth exploration of the meaning they attach to their roles in mental health care. By examining the subjective perceptions of nurses, this study aims to offer a more holistic view of the emotional and professional challenges they face.

The phenomenological approach used in this study allows for the exploration of nurses' lived experiences, focusing on how they perceive and interpret their work with patients suffering from mental health disorders (Silverman et al., 2021). This approach was chosen because it provides the opportunity to delve deeper into the meanings and emotional responses that nurses have in relation to their professional roles. Unlike traditional research methods that limit understanding to measurable outcomes, phenomenology prioritizes the essence of human experience, revealing the personal and emotional layers that are often overlooked (Burton et al., 2020). By adopting this methodology, the study addresses the knowledge gap identified earlier, offering a richer, more detailed understanding of the emotional labor and resilience required in mental health nursing. The goal is to uncover the complexities of nurses' experiences in a way that reflects the deep and multifaceted nature of their work.

The structure of this article follows a logical flow, beginning with an introduction to the research context and the significance of exploring nurses' experiences in mental health care (Koch et al., 2021). The article proceeds to describe the phenomenological approach employed in the study, including details about the data collection and analysis process. Data were analyzed using thematic analysis to identify key themes that capture the essence of nurses' experiences (Maideen et al., 2022). The findings are presented and discussed in relation to the existing literature, followed by conclusions that emphasize the implications of the study for both nursing practice and mental health care policies. This structure ensures a comprehensive exploration of the research questions, presenting findings in a clear and systematic manner.

RESEARCH METHODS

Study Design

This study employed a phenomenological approach to explore the experiences of nurses in managing patients with mental health disorders in a hospital setting. Phenomenology was chosen as the research design because it focuses on understanding and interpreting the lived experiences of individuals, providing deep insights into how they make sense of their interactions with the world. This approach is particularly relevant for investigating the personal and subjective experiences of nurses, as it allows for the exploration of the meaning they attach to their professional roles and challenges (Wocial, 2020). A descriptive phenomenological approach was used, as it is effective in capturing the essence of lived experiences without attempting to explain or theorize about the phenomena (Johnson, 2014). This method is well-suited for providing rich, detailed accounts of participants' perceptions and actions, thus ensuring that the complexity of their experiences is fully understood.

Participants

Participants were selected using purposive sampling to ensure that individuals with direct and relevant experience in the phenomenon being studied were included. The inclusion criteria required

participants to be registered nurses working in a hospital setting who had experience caring for patients with mental health disorders. Exclusion criteria were established to eliminate individuals who lacked direct patient care experience or those who were not currently working in a clinical setting. The final sample consisted of 12 nurses, aged between 25 and 50 years, with an average age of 36 years. The group included both male and female nurses with varying years of professional experience, ranging from 3 to 18 years, thus ensuring a diverse perspective on the challenges faced by nurses in managing mental health patients. This demographic variation was crucial in capturing a broad range of experiences and insights.

Data Collection

Data were collected through in-depth semi-structured interviews, which provided participants the opportunity to express their experiences freely while ensuring that specific topics related to the research questions were addressed. The interview protocol included open-ended questions designed to elicit detailed descriptions of the nurses' experiences, emotions, and perceptions of working with patients with mental health disorders (Huang et al., 2021). Each interview lasted approximately 60 to 90 minutes and was conducted in a private, quiet room within the hospital to ensure confidentiality and comfort for the participants. Interviews were audio-recorded with participants' consent, and field notes were taken to document non-verbal cues and observations during the interviews. The interview guide was informed by existing literature and refined based on feedback from a pilot interview, ensuring that it was contextually relevant and aligned with the study's objectives.

Data Analysis

Data were analyzed using thematic analysis, a common approach in phenomenological research that allows for the identification and interpretation of key themes within the data. The analysis process involved several steps, beginning with the transcription of interviews, followed by careful reading and re-reading of the data to gain a comprehensive understanding of the content (De Brasi et al., 2021). The data were then coded into meaningful units, which were grouped into categories based on shared themes. This thematic framework was continuously refined through an iterative process of reviewing and comparing the data, ensuring that the themes accurately reflected the lived experiences of the participants (Gray et al., 2021). NVivo software was used to assist in the organization and management of the data, though the emphasis remained on the careful, manual interpretation of themes.

To enhance the reliability and credibility of the thematic analysis, several validation strategies were applied. First, intercoder agreement was established by involving two independent researchers in the coding process, followed by discussions to resolve discrepancies and reach consensus. Second, member checking was conducted by sharing preliminary findings with a subset of participants to confirm the accuracy and resonance of the interpretations. Third, peer debriefing sessions were held with colleagues experienced in qualitative research to critically examine emerging themes and challenge potential assumptions. These measures ensured that the findings were trustworthy and reflected the participants' authentic perspectives.

Researcher reflexivity was also maintained throughout the study. The primary researcher kept a reflexive journal to document personal assumptions, emotional reactions, and decision-making processes, thereby increasing transparency and awareness of potential bias. Regular discussions among the research team helped to critically reflect on positionality and mitigate the influence of preconceptions on the interpretation of data. By acknowledging and addressing researcher subjectivity, the study sought to minimize bias and strengthen the integrity of the analysis. The ultimate goal was to identify and describe the essence of the nurses' experiences in managing mental health patients, focusing on the challenges, coping strategies, and emotional resilience they exhibited.

Ethics

Ethical approval for the study was obtained from the relevant ethics committee prior to data collection. Informed consent was obtained from all participants, who were fully briefed on the study's aims, procedures, and their rights, including the right to withdraw at any stage without consequence. All participants were assured of the confidentiality of their responses, and their anonymity was

preserved by using pseudonyms in the final report. Audio recordings and interview transcripts were securely stored, and access was restricted to the research team. The study adhered to international ethical standards for research, ensuring that participants' dignity and privacy were respected throughout the research process.

RESULTS

Challenges in Managing Patients with Mental Health Disorders

The experiences of nurses in managing patients with mental health disorders in hospitals are multifaceted and often complex. Nurses reported facing significant emotional and psychological challenges, which impacted their professional and personal well-being. One nurse explained, "It's not just about administering medication; it's the emotional toll of seeing patients struggle with their mental health. We are not just caregivers but also emotional supporters." This quote highlights the dual role that nurses play: not only as healthcare providers but also as emotional anchors for patients. Nurses also mentioned feeling a sense of helplessness when patients do not respond to treatment or when they experience recurrent episodes of mental illness. As one nurse described, "Sometimes it feels like we're just going in circles, trying the same treatments with little result. It's disheartening." This reflects the emotional exhaustion nurses experience, especially when their efforts seem ineffective.

Another participant reinforced this sentiment, noting, *"I go home some nights replaying everything in my mind, wondering if I could have done more. It wears you down emotionally."* Such reflections illustrate how professional stressors often spill over into nurses' personal lives, creating a persistent sense of emotional burden.

The emotional strain that nurses face was further compounded by inadequate mental health training, which many participants indicated as a gap in their professional development. A nurse stated, "I wasn't trained to handle the emotional side of mental health care. I know how to manage medication, but when it comes to emotional support, I feel unprepared." This speaks to the lack of formal education and support for nurses in addressing the psychological needs of patients with mental health disorders. Another echoed this by saying, *"We had only a few lectures on mental health in nursing school, but the real challenges come when you face patients in crisis. I often feel like I'm improvising."*

Coping Strategies and Emotional Resilience

In response to the challenges, nurses developed various coping strategies to maintain their emotional well-being. Many nurses highlighted the importance of peer support as a primary coping mechanism. One nurse reflected, "Talking to my colleagues after a tough shift helps me process everything. It's reassuring to know they understand what I'm going through." Peer support emerged as a crucial factor in fostering emotional resilience. Nurses reported that discussing their experiences with colleagues allowed them to release emotional stress, gain perspective, and strengthen their coping mechanisms.

As another nurse elaborated, *"Sometimes a simple conversation in the break room makes all the difference. We laugh, we share frustrations, and it reminds me that I'm not alone."* These peer exchanges served as informal yet vital spaces of emotional relief.

Additionally, nurses mentioned the importance of personal self-care practices, such as engaging in hobbies, physical activity, and seeking counseling when necessary. One participant shared, "I've learned to take time for myself, even if it's just a walk in the park. It helps me clear my mind and come back to work with a fresh perspective." Another noted, "I started painting again on weekends. It's my therapy—it gives me balance when work feels overwhelming." These self-care practices were recognized as vital in mitigating the emotional toll of the job, though some nurses noted that finding time for such activities was challenging due to long working hours and high patient loads.

Perceptions of the Healthcare Environment

The healthcare environment itself was a significant factor in shaping nurses' experiences. Nurses expressed concerns about the understaffing and high patient turnover rates, which they felt contributed to increased stress and diminished quality of care. A nurse explained, "When we're understaffed, it's not just about the number of patients; it's about the quality of care we can provide. I wish we had more time to really connect with each patient." This perception underscores the need for systemic changes to improve staffing levels and enhance the working environment for nurses, which in turn would improve patient care and outcomes.

One nurse emphasized, *"With so many patients and so little time, we end up treating symptoms, not people. That's what frustrates me the most."* This illustrates how structural constraints directly affect the quality of patient interaction and nurse satisfaction.

Furthermore, nurses reported a lack of institutional support for mental health care provision. One nurse stated, "There's no real system in place to help us when we're emotionally drained. We're expected to just keep going, but there's no acknowledgment of the emotional labor involved." Another participant explained, *"When I asked for counseling support after a particularly traumatic case, I was told to take a day off instead. That's not enough—we need structured support."* This points to a gap in organizational support structures that could otherwise promote the well-being of healthcare staff and improve their ability to manage the psychological demands of working with mental health patients.

Essential Conclusion

The findings of this study reveal the multifaceted challenges faced by nurses in managing patients with mental health disorders. Emotional strain, lack of training, and inadequate institutional support emerged as key themes. By incorporating the direct voices of participants, the analysis demonstrates how these challenges are lived and felt in daily practice, adding depth and authenticity to the thematic findings. However, nurses also demonstrated resilience through peer support and personal coping strategies, underscoring the importance of these mechanisms in mitigating emotional stress. To enhance the well-being of nurses and improve patient care, systemic changes, including better staffing, more comprehensive mental health training, and institutional support, are necessary. These findings lay the groundwork for further exploration into improving mental health care practices in hospital settings.

DISCUSSION

Summary of Key Findings

This study explored the lived experiences of nurses working with patients suffering from mental health disorders, revealing that emotional strain, lack of training, and insufficient institutional support were key challenges faced by nurses in these settings (Font-Jimenez et al., 2020). Rather than repeating descriptive findings, the analysis underscores that these experiences illuminate the deeper dynamics of emotional labor and resilience, expanding current understandings of how frontline healthcare professionals negotiate the tension between care provision and personal well-being.

Contribution of Findings to the Research Question

The findings from this study provide significant answers to the overarching question posed in the introduction about the experiences of nurses in mental health settings (Zhao et al., 2021). Specifically, they demonstrate that nurses' resilience is shaped not only by professional competencies but also by their capacity to regulate emotions, construct meaning from stress, and mobilize informal support systems. This emphasizes the dual process of professional adaptation and personal survival, positioning emotional resilience as both a psychological construct and an organizational outcome. The study thus enriches the literature on emotional labor by showing how coping strategies intersect with broader institutional contexts, highlighting the interdependence of individual agency and systemic support (Puente-Fernández et al., 2020).

Relation to Existing Literature and Theory

The findings of this study are consistent with previous research that has identified emotional labor and burnout as significant issues for healthcare professionals, particularly those working in mental health care (Lee & Kim, 2020). However, unlike studies that primarily quantify stress and burnout, this research provides a phenomenological account that situates nurses' experiences within broader theoretical frames of emotional labor (Hochschild, 1983) and resilience theory (Richardson, 2002). This integration highlights how the strategies described—peer support and self-care—function as protective factors, echoing resilience frameworks while also revealing context-specific nuances. The study also supports the notion that peer support plays a critical role in mitigating the emotional toll of nursing (Diaz et al., 2021), but it goes further by showing how peer interactions act as informal communities of practice, where meaning-making and collective coping occur. This theoretical linkage expands the role of peer support beyond social exchange to a mechanism of professional identity reinforcement. Additionally, the lack of formal mental health training, as identified in this study, aligns with findings from previous studies that suggest healthcare systems often fail to adequately prepare staff for the emotional complexities of working with mental health patients (H. Kim & Kim, 2020), yet the critical contribution here lies in illustrating how training deficits exacerbate emotional strain and perpetuate role ambiguity.

Implications of Findings

The findings of this study offer both scientific and practical implications for nursing practice, particularly in mental health settings (Combrinck et al., 2022). The emotional challenges faced by nurses in managing mental health patients highlight the need for targeted interventions that support emotional resilience and professional well-being. Theoretically, this study advances the discourse on emotional labor by linking it to resilience theory, suggesting that resilience is not merely an individual trait but a relational and institutional construct shaped by support systems. Practically, the importance of peer support and self-care practices suggests that hospitals and healthcare organizations should consider fostering supportive work environments where nurses can share experiences and receive psychological support. Critical comparison with international studies further indicates that institutional support mechanisms, such as structured debriefings and resilience training, have been effective in other contexts (Li et al., 2022), suggesting transferable strategies that could be adapted within similar healthcare systems.

Limitations of the Study

While this study provides valuable insights into the experiences of nurses working with mental health patients, there are several limitations that may affect the generalizability of the findings (Ondrejková & Halamová, 2022). One key limitation is the relatively small sample size of 12 participants, which may not fully represent the diversity of experiences among nurses working in different settings or with varying levels of experience. Additionally, the study was conducted in a single hospital, which may limit the transferability of the findings to other healthcare environments. The phenomenological approach, while rich in detail, focuses on individual experiences and may not fully capture the structural or organizational factors influencing nurses' emotional experiences (Truitt & Snyder, 2020). Nonetheless, by integrating participant narratives with theoretical frameworks, this study offers conceptual insights that extend beyond its empirical boundaries.

Prospective Statement for Future Research

The findings of this study open several avenues for future research in the field of nursing and mental health care (Chipps et al., 2022). One potential direction is to examine how organizational policies and support systems influence the emotional well-being of nurses in mental health settings. Longitudinal studies could explore how the experiences of nurses change over the course of their careers and how interventions such as professional development or peer support programs impact their emotional resilience. Future research may also benefit from cross-cultural comparisons, which would allow for testing the universality of the resilience mechanisms identified in this study while situating them within diverse cultural narratives of care (Nydahl et al., 2020). Such comparative work would enrich theory-building on emotional labor by distinguishing between context-specific practices and globally shared patterns.

CONCLUSION

This study explored the experiences of nurses in managing patients with mental health disorders, addressing the gap in understanding the emotional and psychological challenges faced by healthcare professionals in this setting. The findings reveal that nurses encounter significant emotional strain, lack of sufficient training, and inadequate institutional support, but they also develop coping mechanisms, including peer support and self-care practices, to sustain their well-being. These insights provide a deeper understanding of emotional labor in nursing, offering a more holistic view of the professional challenges that have often been overlooked in previous research.

Based on these findings, several actionable recommendations can be proposed. First, hospitals and healthcare organizations should implement structured peer support programs, such as regular debriefing sessions or mentorship systems, to formalize the informal coping mechanisms already practiced by nurses. Second, nursing curricula and ongoing professional development programs should integrate comprehensive training in mental health care, with particular emphasis on managing the emotional and psychological dimensions of patient interactions. Third, institutional policies need to acknowledge and address the emotional labor of nurses by providing access to counseling services, resilience workshops, and adequate rest periods. Fourth, systemic improvements in staffing ratios and workload distribution should be prioritized to reduce burnout and enable nurses to provide higher-quality care.

By focusing on the lived experiences of nurses, this study contributes valuable knowledge that can inform healthcare practices and policies aimed at improving the emotional resilience of nurses. These recommendations are not only relevant at the institutional level but also have broader policy implications, suggesting that governments and healthcare authorities should establish national guidelines for supporting the mental health of nursing staff, particularly in psychiatric and high-stress clinical environments. Future research could expand on these findings by exploring how organizational support and long-term interventions affect the well-being of nurses in mental health settings. Further studies could also examine how these challenges vary across different healthcare systems or cultural contexts. In particular, longitudinal research could evaluate the effectiveness of resilience-building interventions, peer-support programs, and policy reforms, thereby providing evidence-based strategies that can be scaled across diverse clinical settings.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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