



Understanding the Evolving Meaning of Care among Nurses Working in High Pressure Clinical Environments

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ABSTRACT

This study explores how nurses reinterpret and reconstruct the meaning of caring within high-pressure critical care environments in South Sulawesi. Using an Interpretative Phenomenological Analysis approach, semi-structured interviews were conducted with eight nurses working in ICU, emergency, and critical care units. The analysis reveals a shift in the meaning of caring from an empathic-idealistic orientation toward a more pragmatic, standardized, and safety-focused practice, while maintaining core humanistic values. This transformation is shaped by clinical stress intensity, time constraints, organizational demands, and emotional experiences in managing critical cases. The findings highlight caring as a dynamic construct influenced by nurses' reflections and working conditions, and provide implications for workload management, psychosocial support, and nursing education to sustain care quality in high-pressure settings.

INTRODUCTION

The meaning of care in nursing practice continues to evolve as the complexity of clinical demands, organizational pressures, and the emotional burden inherent in the modern healthcare system increase. Various global studies show that nurses working in high-pressure clinical settings such as emergency departments, ICUs, and intensive care rooms—often experience a change in interpretation of care when they face intense workloads, ethical dilemmas, and rapidly changing patient conditions (Smith & Rhodes, 2022). In various developing countries, including the Southeast Asian region, increased clinical stress has been shown to affect not only the professional performance of nurses, but also psychological resilience, relational engagement with patients, as well as their ability to provide holistic care (Wong et al., 2021). In Indonesia, especially in the main referral hospitals in the South Sulawesi region, the increasing complexity of cases, the limited nurse-to-patient ratio, and the organization's demands for rapid service create a situation where the meaning of care becomes dynamic and constantly negotiated. This condition shows the importance of a deep understanding of how nurses reinterpret care in the midst of the systemic pressures they face.

Although various studies have examined stress, burnout, and nurses' workloads, recent findings confirm that the fundamental challenge lies not only in the clinically measurable burden, but also in the changing subjective meanings that nurses attach to care in stressful situations (Molina & Duarte, 2020). A high-pressure clinical environment often triggers internal conflict, emotional exhaustion, and shifts in priorities that can reshape nurses' understanding of empathy, responsibility, and professional identity. Studies in Asian health systems show that when stress takes place in the absence of interpretive support, the meaning-making process can be fragmented, resulting in decreased emotional sensitivity and quality of therapeutic relationships with patients (Lee & Kim, 2021). In South Sulawesi, the variety of hospital facilities, diverse team dynamics, and fluctuations in the number of patients further strengthen these interpretive challenges. This underscores the need for an in-depth analysis of how the meaning of care develops in the life experiences of nurses in high-pressure clinical environments.

Interpretative Phenomenological Analysis (IPA), which is rooted in the phenomenological and hermeneutic traditions, offers a methodological approach designed to understand how individuals interpret, negotiate, and reshape their life experiences over time (Smith et al., 2021). Recent studies have shown that science is particularly relevant to use in clinical contexts fraught with emotional complexity and personal reflection, especially in professions that demand a sense of meaning such as nursing (Eatough & Shaw, 2020). Another study confirms that science is able to provide in-depth insights into how health workers interpret work pressure, build professional values, and understand their role in uncertain conditions (Reid & Flowers, 2022). In the context of nurses working in high-pressure environments, IPA allows researchers to view care not as just a set of tasks, but as a dynamic construct shaped by personal, emotional, and

institutional dimensions. Thus, science becomes a strong and relevant theoretical approach to studying this phenomenon.

Although studies on work stress and clinical burden in nursing are growing rapidly, research that explicitly explores the changing meaning of care through an interpretive phenomenological lens is still very limited. Previous research has highlighted aspects of burnout, job satisfaction, or coping strategies without examining how nurses build meaning when work demands increase (Goh & Clarke, 2021). Some phenomenological studies in Southeast Asia generally examine empathy or emotional experiences, but have not linked them to the dynamics of constant organizational pressures and clinical expectations (Rahman et al., 2022). This research gap is even more significant when applied to the context of hospitals in Indonesia, including South Sulawesi, which have different characteristics of work culture, service pressure, and system capacity from other countries. This shows that empirical research is needed that is able to capture the interpretive processes of nurses in depth and contextually.

Based on these gaps, this study specifically aimed to explore how nurses working in high-pressure clinical environments in South Sulawesi interpret and continue to reshape the meaning of care in their daily professional experiences. This research focuses on the process of forming personal meaning that arises when nurses face clinical urgency, emotional demands, team dynamics, and institutional expectations. In addition, this study aims to identify the factors that influence the change in the meaning of care and its impact on the relational involvement and professional identity of nurses. By examining these relationships, this study is expected to provide a comprehensive picture of the evolution of the meaning of care as a psychological, ethical, and relational construction in contemporary nursing practice. This research also produced empirical findings that are relevant to the nursing context in Indonesia at large.

This research makes a theoretical contribution by expanding the conceptual understanding of care through an interpretive phenomenological perspective that emphasizes the dynamics of meaning formation under conditions of work pressure. This study offers an analytical model that can be used in future studies to evaluate how clinical, emotional, and institutional factors interact with each other in shaping nurses' interpretations of care. In practical terms, this study provides recommendations for hospital management, nursing educators, and policymakers in strengthening reflective support systems, increasing clinical supervision capacity, and designing interventions that maintain the sustainability of meaningful and empathetic care in a demanding work environment. Thus, this research makes a real contribution to the development of nursing science and its implementation in clinical practice.

THEORETICAL REVIEW

The Concept of Caring in Modern Nursing and Its Dynamics

The concept of caring is the foundation of the nursing profession, but its meaning continues to undergo transformation as the complexity of health services increases. The global literature confirms that caring is no longer understood as just an empathic act, but as an integration between clinical

competence, emotional sensitivity, and adaptability to rapidly changing demands (Watson, 2021). Contemporary studies show that the dynamics of the clinical environment such as high patient burden, critical cases, and administrative pressure have shifted caring towards a more pragmatic form but still based on humanistic values (Morales, 2023). This literature confirms that the meaning of care is now multidimensional, shaped by the interaction between professional capacity and oppressive external conditions.

The High-Pressure Clinical Environment and Its Impact on the Meaning of Care

High-pressure clinical environments such as ICUs, emergency rooms, and critical care units play a significant role in influencing the process of nurses' interpretation of care. International research shows that chronic work stress can change care priorities, trigger emotional exhaustion, and affect how nurses interpret relationships with patients (Holloway, 2022). In the context of developing countries, the high clinical burden often makes nurses have to balance the idealism of caring and the demands of service effectiveness (Martinez, 2021). These findings are relevant to the Indonesian context, including the South Sulawesi region, where variations in the capacity of health facilities also shape the dynamics of the meaning of care experienced by nurses.

Caring Theory and Its Relevance in Clinical Stress Situations

Various modern caring theories, such as the Human Caring Theory, emphasize the importance of a holistic relationship between nurses and patients, but the latest literature points to the need to reinterpret such theories in high-pressure working conditions. Recent studies confirm that caring values can still be maintained even though the form of practice is more standardized due to clinical demands (Anderson, 2022). Other research shows that caring in the context of extreme stress needs to be understood not as a reduction in empathy, but as a form of professional adaptation to operational realities (Kramer, 2020). This literature emphasizes that the theory of caring must be understood flexibly and contextually.

Meaning-Making and Reinterpretation of Experience in the Health Profession

Meaning-making is an important theoretical framework for understanding how healthcare workers shape and adapt meaning to challenging work experiences. Recent studies show that the process of meaning develops through personal reflection, social interaction, and intense emotional experiences (Harrington, 2023). In the context of nursing, prolonged clinical stress often encourages a reinterpretation of professional values, including how caring is understood in real conditions (Petersen, 2021). This literature explains that the evolution of the meaning of care is part of psychological and professional adaptation.

Interpretative Phenomenological Analysis (IPA) in Nursing Studies

Interpretative Phenomenological Analysis (IPA) is a methodological approach designed to understand subjective experiences and personal meanings that individuals construct. Recent literature confirms that science is particularly

relevant for use in nursing research because it is able to uncover complex emotional experiences, work contexts, and interpretive processes (Hefferon, 2020). Science studies in healthcare workers show that this method effectively unearths the deep meanings shaped by clinical stress and interaction with the work environment (Turner, 2024). The relevance of science is stronger when research focuses on the evolution of the meaning of caring in nurses who face intense work dynamics.

Work Stress, Burnout, and Its Impact on the Quality of Caring

Many international studies confirm the link between high workload, emotional stress, and decreased quality of caring. Recent studies show that chronic clinical stress can lower emotional sensitivity and alter the therapeutic relationship between nurses and patients (Gibson, 2023). However, other research explains that stress does not necessarily eliminate the value of caring, but modifies it to be more structured, efficient, and oriented to patient safety (Lopez, 2021). This literature reinforces the understanding that caring is dynamic, not static, and influenced by the context of work.

Cultural and Organizational Context in Influencing the Meaning of Care

Organizational culture, work norms, and managerial structures also play a big role in shaping the caregiver experience. Global research shows that organizational systems with emotional support and reflective supervision tend to maintain caring values even in high-pressure service conditions (Ferguson, 2024). In the Asian region, including Indonesia, collectivist culture factors and teamwork dynamics also influence how nurses interpret moral and ethical responsibilities towards patients (Sharma, 2022). This literature shows that understanding the meaning of care must consider cultural and organizational contexts in a balanced manner.

METHODOLOGY

Types, Approaches, and Research Design

This study uses a qualitative approach with an Interpretative Phenomenological Analysis (IPA) design to deeply understand how nurses interpret the evolution of the concept of caring when working in a high-pressure clinical environment. The IPA approach was chosen because it focuses on subjective experiences and individual interpretive processes, as explained by Smith (2020) that IPA allows researchers to explore personal meanings formed from complex emotional and situational experiences. This approach is also relevant for examining the dynamics of caring that are reflective and constantly evolving, especially in stressful clinical situations that require a quick and adaptive response. In line with the view of Langridge (2022), the phenomenon of multidimensional nursing cannot be reduced to numbers, but needs to be analyzed through experiential narratives. Therefore, the use of science is considered appropriate to reveal the process of caring meaning formed from the interaction between work demands, emotional conditions, and professional values of nurses.

Population and Informant Determination Techniques

The study population included all nurses working in high-pressure units, such as ICUs, ERs, and critical care rooms at referral hospitals in the South Sulawesi region. Informants were determined using purposive sampling techniques based on the criteria of experience relevance, intensity of involvement in critical services, and the ability to provide in-depth information related to the dynamics of caring. This approach is in line with Atkinson's (2021) explanation that the selection of informants in qualitative research must consider the proximity of participants to the phenomenon being studied. Eight nurses were selected as informants, a number that was considered adequate to achieve data depth, referring to the findings of Hollowell et al., (2020) which showed that phenomenological research generally achieved data saturation in 6-10 participants. The selection of informants with a minimum of one year of experience in critical units is carried out to ensure that they are truly experiencing clinical stress relevant to the focus of the research.

Description and Rationalization of Informant Selection

The informants consist of 8 nurses who work in ICU, ER, and critical care units who face intense clinical situations every day. Four informants came from the ICU to provide a perspective on caring for patients with high dependence, in line with Devereux's (2023) analysis which emphasizes that the ICU is the workspace with the highest emotional and clinical stress. Three informants from the ER were chosen to describe the meaning of caring in the context of rapid decision-making and unstable patient conditions, as highlighted by Nguyen (2022) regarding the dynamics of rapid shifts in the emergency department. One additional informant from the critical care room provided an overview of the patient's transition context, following Hamilton's (2021) argument that the meaning of caring is influenced by changes in clinical conditions and the accompanying administrative burden. The composition of the informants allows for a comprehensive analysis of the variation of caring experiences in various high-pressure units.

Data Collection Techniques and Research Instruments

Data were collected through semi-structured in-depth interviews, field observations, and document reviews. Semi-structured interviews allow for flexible narrative exploration and are able to capture the subjective meaning of nurses, in accordance with Morgan's (2023) view that dialogical interviews are effective in phenomenological research. The interview guidelines are prepared based on caring theory and the framework of the meaning of work experience, referring to Baldwin's (2021) thoughts on the importance of the connection between theoretical concepts and empirical experience. Observations were carried out in ICU, ER, and critical care units to understand work interactions, pressure dynamics, and service patterns. The document analysis includes nursing SOPs, patient safety guidelines, and hospital policies. The credibility of the data is maintained through triangulation of techniques and sources, following the recommendations of Cunningham et al., (2020) regarding the importance of checking the consistency of findings in qualitative research.

Research Implementation Procedure

The implementation of the research began with a review of the literature related to caring, clinical pressure, and phenomenological approaches as the basis for the formulation of the research focus. The researcher then compiled interview instruments, took care of licensing to the hospital, and approached prospective informants through the nursing coordinator of each unit. Data collection was carried out for three weeks through in-depth interviews with a duration of between 45–60 minutes, observation of clinical work processes, and tracing of relevant documents. All data is recorded, transcribed, and stored securely by maintaining the confidentiality of the informant's identity as a form of ethical compliance of the research, as recommended by Powell (2022). In the final stage, the researcher re-checks the findings with informants (member checking) to improve the accuracy of interpretation and validity of the data.

Data Analysis Techniques

Data analysis was carried out using Interpretative Phenomenological Analysis by following a six-stage structure developed by Eatough & Shaw (2021), namely intensive reading, initial coding, theme identification, theme review, theme meaning, and outcome narrative preparation. This technique was chosen because it was able to reveal patterns of personal meaning that arise from the emotional experiences and clinical pressures experienced by nurses. The analysis process is carried out iteratively and hermeneutically, following the view of Jacobs (2023) that science requires dialogue between data and researcher interpretation repeatedly. The use of supporting software such as NVivo 12 helps organize the code and ensure the transparency of the analysis process, as suggested by Ortega et al., (2024). All analyses are carried out by maintaining the closeness of interpretation to the original experience of the informant so that the findings remain authentic and can be scientifically accounted for.

RESEARCH RESULTS

The Shift in the Meaning of Caring from Idealistic to Pragmatic

This theme explains the transformation of the meaning of caring experienced by nurses while working in critical units, where the previously very humanistic concept has changed to more pragmatic. In the early days of practice, caring was understood as an intense interpersonal relationship, full of emotional closeness, and an empathic orientation towards the patient. However, the dynamics of work in the ICU make that meaning shift to more measurable, technical, and oriented actions towards the stability of the patient's condition. This can be seen from the statement of the informant who said, "*When I first started working, I thought caring had to be emotionally close to the patient. But after being in the ICU, I realized that caring is sometimes as simple as making sure the equipment works correctly and the patient remains stable.*" (PI-1, October 12, 2025). The informants' overall narrative shows that caring is reconstructed as a balance between personal empathy and the effectiveness of clinical intervention which is a top priority.

A similar experience can be seen in ER nurses who face time pressure and having to make decisions quickly. He stated, "*In the ER, we don't always have time to talk much. Caring is more about how I can quickly take action so that patients do not get worse.*" (PU-2, October 14, 2025). This situation reinforces the understanding that empathy does not disappear, but is expressed in a more functional form according to clinical needs. Another ICU informant also said, "*I want to give warmer attention, but the reality is in the ICU I have to focus on the most important actions first to save the patient*" (PI-3, October 17, 2025). These changes reflect the professional adaptation that occurs naturally as job demands increase.

Informants from the critical care room also emphasized that caring remains an essence, even though the form of practice has become more technical and standardized. He said, "*We still care, it's just a different way. It's more technical, it's more measurable, but it's also part of the important concern.*" (PK-1, October 19, 2025). This shows that caring is not lost, but is being redefined to remain relevant in a context of high stress. The nurses finally understood that empathetic values can transform into more responsive professional actions. Thus, caring is understood as a flexible and dynamic concept, depending on the working conditions faced by nurses. This theme as a whole describes the reconstruction of the meaning of caring from idealistic to a more pragmatic direction.

Dominance of Clinical Stress and Safety as the Core of Caring Practices

The second theme shows that clinical stress is the dominant factor in shaping the meaning of caring in high-pressure units. Unstable patient situations, high case mobility, and risk of misconduct make patient safety the highest priority in providing care. The ER informant expressed this clearly: "*In the ER, caring ensures that patients are safe first. If we take action a little late, the risk can be fatal.*" (PU-1, October 10, 2025). The statement illustrates that caring in a critical context is closer to saving action than emotional interaction. Safety is the most obvious form of concern when the situation requires speed and precision.

In the context of the ICU, clinical stress is even more intense because patients often rely on life support devices. An informant said, "*We rarely have a long time for emotional interaction. Here caring is more about the precision of action and ensuring that all procedures run according to standards*" (PI-4, October 11, 2025). Caring is understood as a high-precision technical action that should not be mistaken for a mistake, as any mistake can have a fatal impact. Another informant emphasized the importance of SOPs as a form of caring, stating, "*For us, carrying out SOPs correctly is already the biggest form of care, because it is the one that protects patients the most in risky conditions*" (PU-3, October 15, 2025). This shows that caring is realized through a structured professional mechanism.

Another ICU nurse added that the dynamics of the patient's condition require constant vigilance, so caring is an action to maintain stability in a sustainable manner. He said, "*The condition of patients in the ICU can change very quickly, so caring is more about how we maintain the stability of patients without making the slightest mistake*" (PI-2, October 18, 2025). The meaning of caring in this context is a combination of speed, accuracy, and rigor in clinical decision-making. Empathy remains, but no longer appears in the form of lengthy emotional interactions, but is sublimated in the rigor of action. This theme emphasizes that

in a high-pressure environment, caring is a safety practice that is integrated with technical professionalism.

Emotional Dynamics and Nurse Professional Identity Reconstruction

The third theme highlights how caring is not only embodied in clinical action, but also becomes an emotional process that shapes a nurse's professional identity. The high pressure of work makes nurses have to negotiate between the patient's emotional needs, clinical demands, and personal capacity limits. The ICU informant described this by saying, "*Sometimes I feel guilty for not being able to accompany patients longer. But I am aware that the quick action I take is also a form of concern.*" (PI-2, October 20, 2025). This statement indicates an emotional struggle that continues to affect professional reflection. Caring is a meaning that continues to evolve with experience.

Informants from the critical care room added that the experience of handling severe cases encourages nurses to understand caring as a moral responsibility inherent in the profession. He said, "*After handling many difficult cases, I have come to understand that caring is not just about feelings, but about the professional responsibilities that I have to hold*" (PK-1, October 21, 2025). This explains how professional identity is shaped by a combination of emotional reflection and technical demands. Caring is a representation of the nurse's commitment to ethical values and professionalism. This concept develops through a process of repeated experiences in the field.

In the ER, the intensity of the situation even requires nurses to understand assertiveness as an important form of caring. The informant said, "*In certain conditions, we do have to be firm. Not because we don't care, but because the situation demands that we move quickly for the good of the patient.*" (PU-2, October 22, 2025). Another ICU nurse confirmed this dynamic by saying, "*In a place like this, every day I relearn what caring is. It feels like the meaning keeps changing according to the pressure we face.*" (PI-4, October 24, 2025). Overall, this theme shows that caring is a dynamic concept shaped by the interaction between emotions, technical competence, and professional pressure. Nurse identity grows through continuous emotional adaptation in the face of complex clinical demands.

DISCUSSION

Findings on the shift in the meaning of caring from idealistic to pragmatic suggest that the experience of working in high-pressure units reshapes the way nurses understand and practice care. These results are in line with a study on professional identity formation that confirms that organizational experiences and situational demands influence the way nurses reduce the concept of caring into real practice (Watson & Brewer, 2021). These changes do not signal a decrease in empathy, but rather a form of professional adaptation that is necessary in a critical clinical context. The realization that caring can be realized through precise technical actions suggests that nurses seek to maintain humanistic values while meeting complex clinical demands. These findings contribute to the expansion of understanding of the flexibility of the concept of caring in a variety of stressful contexts.

The dominance of clinical stress and safety as the core of caring practices is also aligned with patient safety culture theory, which states that safety is the most fundamental expression of care in a high-risk environment (Sankar & Kumar, 2022). In conditions such as ER and ICU, emotional interaction is not always a priority because safety requires fast, precise, and protocol-based action. This is consistent with international research findings that show that nurses in critical units see technical accuracy as the core of caring (Lee et al., 2023). In addition, standard mechanisms such as SOPs, checklists, and intensive monitoring are instrumental forms of caring that provide certainty to patient stability. These findings reinforce the importance of integrating technical skills and clinical sensitivity in balancing emotional needs and safety.

The emotional dynamics experienced by nurses also illustrate how work pressure contributes to the reconstruction of professional identity. This is in line with the theory of emotional labor which explains that health workers often face demands to manage personal emotions in order to remain able to provide optimal services (Huang & Chang, 2021). Informants who feel guilty for not being able to provide enough emotional interaction time show a conflict of professional values and clinical conditions. However, their ability to interpret technical actions as a form of caring shows a reflective maturity stage in the nursing profession. These findings have important implications for programs to strengthen emotional competence and psychological resilience in nursing education.

In addition, the results of the study show that nurses interpret caring as a moral and professional obligation attached to their identity. Previous research confirms that nurse professionalism is shaped through the interaction between moral values, experiential reflection, and the work environment (Park & Song, 2022). The condition of the critical unit accelerates the formation of such identities as nurses are constantly faced with decisions that require a balance between empathy and urgency of action. The change in the meaning of caring experienced by nurses also reflects the situated professionalism model, where the basic concept of the profession develops according to the work context. These findings add to the understanding that professional identities are not static, but evolve adaptively in dynamic clinical conditions.

Situational factors such as workload, clinical urgency, time constraints, and case complexity have been shown to influence the transformation of the meaning of caring. However, some studies show that organizational support, team collaboration, and transformational leadership can reduce stress and allow nurses to express caring in a more humanistic way (Rodriguez & Nolan, 2023). Absence or weak organizational support can accelerate caring changes in the direction of the technical that are too dominant, thereby reducing the emotional aspect of the care process. These findings have important implications that the development of work support systems needs to be strengthened to maintain a balance between technical caring and emotional caring. A more supportive work environment can maintain the quality of nurse-patient interaction.

Research constraints, such as the limited number of informants in ICUs, ERs, and critical rooms in one specific area, have the potential to limit the

generalization of findings. In addition, the in-depth interview method risks giving rise to reflective bias because the informant recounts experiences based on personal perceptions. Sensitive work environments, such as critical units, can also make informants refrain from uncovering certain experiences that are considered too emotional or professionally sensitive. Further research can expand the research site, involving several hospitals with different levels of accreditation, as well as using a mixed-methods approach to validate the findings more comprehensively. Triangulation methods, such as non-participatory observations, can also enrich data.

Overall, this study makes an important contribution to nursing science by showing that caring is a dynamic concept that is influenced by clinical stress, safety demands, and the emotional dynamics of nurses. These findings expand theoretical perspectives on caring practices in high-pressure environments and reveal how professional identities are formed through a long reflective process. The study also emphasizes the need for a nursing approach that integrates technical skills, emotional sensitivity, and psychological resilience to achieve optimal quality of care. In addition, the research provides the basis for the development of hospital policies related to fostering professionalism and improving safety culture. Thus, the results of this study provide a new framework for understanding adaptive and contextual caring in modern nursing practice.

CONCLUSION AND RECOMMENDATION

The results of this study show that the meaning of caring among nurses working in high-pressure clinical environments undergoes a significant evolution from an idealistic orientation to a more pragmatic and measurable form of practice. This transformation is not just a change in perception, but an adaptive response to clinical stress, workload intensity, patient safety risks, and time constraints that are key characteristics of critical care units. Caring is still understood as an essential element of the nursing profession, but it is manifested in a more functional form through precision of action, adherence to operational standards, and the ability to make quick decisions in high-risk situations. Thus, caring in critical environments is not lost or reduced, but rather redefined to remain relevant and effective in a work context that demands accuracy and patient stability.

Theoretically and practically, this study confirms that caring is a dynamic construction that continues to develop through the interaction between organizational demands, emotional experiences, and reflective processes experienced by nurses while handling complex cases. These findings make an important contribution to the development of institutional policies, especially related to workload management, psychosocial support systems, and strengthening training based on technical competence and emotional resilience. The implementation of comprehensive policies is expected to be able to maintain a balance between humanistic caring and technical care so that the quality of service remains optimal even under high pressure.

FURTHER STUDY

Further research is suggested to involve more diverse geographic contexts and service units to enrich the understanding of how caring continues to evolve in modern nursing practice.

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