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The Emotional Vulnerability of Nurses Caring for People in Crisis: Ethical Challenges and Coping Strategies in Clinical Practice

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Abstract

A patient in crisis is an individual who, in response to intense or prolonged stressors – such as illness, trauma, or loss – experiences a breakdown of previously effective coping strategies. In clinical practice, caring for individuals in crisis places nurses in a position of emotional vulnerability. It requires not only adequately responding to the rapidly changing needs of the patient, but also confronting ethical dilemmas and employing coping strategies that allow them to maintain their emotional balance and deliver a high standard of care. The aim of this article is to identify the subjective experiences of nurses related to emotional vulnerability in their work with individuals in crisis, paying particular attention to emotional and organizational barriers, ethical dilemmas emerging in everyday clinical practice, and coping strategies that support the maintenance of care quality and the therapeutic relationship. To achieve this aim, a non-systematic review of the literature was conducted, along with a qualitative study using the method of in-depth individual interviews. Interviews were carried out with 12 nurses employed in healthcare facilities in the Silesian Voivodeship between November 1 and December 8, 2025. The data were analyzed using a vertical (case-oriented) approach. The findings indicate a high level of emotional burden among the nurses who participated in the study, as well as the enduring presence of an ethic of care despite organizational constraints. The respondents pointed to barriers hindering the implementation of patient-centered care, weak links between theoretical knowledge and the conditions of clinical practice, and a deficit of institutionalized

psychosocial support. These results highlight the need to institutionalize emotional support for nurses, strengthen structural conditions conducive to the implementation of patient-centered care, and further develop communication and educational competencies that can be effectively applied in high-paced clinical environments. Additionally, the promotion of the ethics-of-care paradigm as a framework for clinical decision-making may collectively reduce the accumulation of stress – including moral stress – while simultaneously enhancing the quality of care and the professional well-being of nurses.

Keywords: nursing; crisis intervention; ethics; nursing; compassion fatigue

Introduction

A patient in crisis is an individual who, in response to intense or prolonged stressors – such as illness, trauma, or loss – experiences a breakdown of previously effective coping strategies. This results in escalating stress, emotional disorganization, and reduced adaptive and functional capacity, in turn leading to profound psychological distress and difficulties in everyday functioning (Roennfeldt et al., 2025). In the field of mental health, a crisis may affect individuals with pre-existing severe psychiatric conditions, including bipolar disorder, schizophrenia, or major depressive episodes, as well as those without any prior psychiatric diagnoses (Hudson et al., 2024). The nature of crises is complex and heterogeneous: it may manifest as mild psychological reactions, such as transient emotional distress and partial functional impairment, or as severe episodes of psychological disintegration requiring immediate specialist intervention. This variability highlights the multidimensionality of the phenomenon and its dependence on individual resources, vulnerability, and the psychosocial context of the person experiencing the crisis (Baumgardt & Weinmann, 2022). A crisis frequently generates intense feelings of helplessness, threat, and loss of control, while simultaneously creating an urgent need for professional support to prevent further destabilization of both psychological and somatic functioning (Hu et al., 2025).

In clinical practice, caring for individuals in crisis places nurses in a position of emotional vulnerability. It requires not only an adequate response to the rapidly evolving needs of the patient, but also the ability to confront ethical dilemmas and employ coping strategies that support emotional balance and the maintenance of a high standard of care (Seidlein & Kuhn, 2023; Caro-Alonso et al., 2023). Research indicates that the capacity to demonstrate empathy toward patients is more pronounced among nurses with advanced specialist knowledge, extensive clinical experience, and the sense of professional confidence that arises from these competencies (Rayner et al., 2019).

The existing literature underscores the need for further research on nurses' experiences of emotional vulnerability in caring for individuals in crisis, including the ways in which emotional burden, organizational pressures, and ethical conflicts disrupt their

ability to provide focused, relational care, as well as the individual and team-based strategies nurses employ to preserve emotional equilibrium and sustain the quality of care (García-Carpintero et al., 2023; Taylor et al., 2024; Boulton & Farquharson, 2023; Pan et al., 2025).

The aim of this article is to identify nurses' subjective experiences of emotional vulnerability in their work with individuals in crisis, with a particular emphasis on emotional and organizational barriers, ethical dilemmas emerging in everyday clinical practice, and coping strategies that enable the quality of care and the therapeutic relationship to be maintained. This objective guided the formulation of the following research questions:

1. How do nurses perceive their own emotional vulnerability when working with patients in crisis and what related barriers hinder the provision of patient-centered care?
2. What ethical dilemmas most commonly arise in nurses' work with individuals in crisis and how do these dilemmas influence professional decision-making and relationships with patients?
3. What coping strategies do nurses employ to manage the emotional burden and work effectively with patients in crisis?

To address these questions, a non-systematic review of the literature was conducted, alongside a qualitative study based on in-depth individual interviews. Interviews were conducted with 12 nurses employed in healthcare facilities in the Silesian Voivodeship. The originality of this work lies in approaching nurses' emotional vulnerability not as a secondary by-product of care, but as a central analytical construct shaping how nurses provide care to individuals in crisis, how they establish and maintain therapeutic relationships, and how they make professional decisions. Existing research more frequently focuses on related phenomena – such as burnout, compassion fatigue, or moral distress – yet rarely explores the subjective meanings of emotional vulnerability from the nurses' own perspectives.

Emotional Vulnerability and Ethical Challenges in Nursing Care

Caring for patients who are experiencing crisis situations generates substantial emotional burden and numerous ethical tensions, which often manifests as moral distress. This phenomenon is characterized by an intense internal conflict that arises when nurses are aware of the clinically appropriate course of action but encounter organizational, structural, or interpersonal barriers that prevent its implementation. As a result, nurses experience escalating feelings of helplessness, a diminished sense of agency, and a heightened risk of psychological distress, which further complicates clinical decision-making and emotional stability in acute situations (Salari et al., 2022). Empirical studies indicate that elevated levels of moral distress among nurses are strongly associated with factors

such as inadequate staffing, insufficient organizational support, and the lack of real opportunities to act in accordance with professional values – factors that negatively affect both nurses' wellbeing and the quality of patient care (Getahun et al., 2024).

From a phenomenological perspective, vulnerability emerges as a key component of nurses' professional identity. It constitutes the foundation for establishing and sustaining authentic therapeutic relationships that enable nurses to respond appropriately to patients' needs. At the same time, this openness and attentiveness expose nurses to experiences of emotional wounding, feelings of inadequacy, and moral dilemmas, particularly in clinical contexts marked by uncertainty and high levels of strain. Such vulnerability may operate in dual ways: it can deepen empathy and enhance nurses' capacity to remain available in the face of others' suffering, but it may also lead to overload, emotional withdrawal, or diminished responsiveness if not adequately supported at both the individual and organizational levels (Thorup et al., 2012; Luo et al., 2023).

The Role of Organizational Culture and Working Conditions

Organizational culture represents one of the key determinants of nurses' functioning and perceived occupational stress. Research demonstrates that negative elements of institutional culture – such as ineffective management practices, limited supervisory support, and an unfavorable work environment – are consistently associated with higher levels of stress and increased risk of burnout among nurses. Conversely, a positive organizational culture characterized by a supportive atmosphere, constructive interpersonal relationships, and policies oriented toward the staff's well-being can reduce the psychological burden and enhance job satisfaction, ultimately supporting improvements in the quality and safety of healthcare delivery (Kiptulon et al., 2024).

An important dimension of working conditions is the model of care organization. The primary nursing model, in which a single nurse is assigned responsibility for the entire care process of a given patient, has been identified as enhancing continuity and personalized care. Studies have shown that this model fosters deeper nurse–patient relationships, improves clinical communication and coordination of interventions, and correlates with favorable nursing-sensitive outcomes such as patient safety, patient satisfaction, and the effectiveness of nursing practices. From an organizational perspective, primary nursing may strengthen nurses' sense of agency and accountability, thereby improving care quality and patient experience (Gonçalves et al., 2023).

Peer support within nursing teams is also a critical factor that mitigates the emotional strain and ethical tensions that are inherent in clinical practice. The literature highlights the importance of informal interactions – such as having conversations after shifts, exchanges within communication groups, or spontaneously sharing experiences – which help normalize difficult emotions and counteract feelings of isolation. Furthermore,

short-term strategies for releasing tension, including humor, music, or brief moments of collective respite, can support emotional regulation and reinforce psychological resilience among nursing staff (Caro-Alonso et al., 2023).

Within a cognitive-behavioral framework, perceived social support plays a crucial moderating role in shaping nurses' well-being. Research shows that higher levels of team-based and peer support are associated with reduced mental workload – an essential factor for clinical safety and performing under pressure. Positive coping styles mediate this relationship, enhancing the protective influence of social support and enabling nurses to respond more effectively to the psychological and emotional demands of high-risk clinical environments (Ren et al., 2025).

Strategies in Caring for Patients in Crisis

In crisis situations, the quality of clinical communication and relational engagement constitutes a fundamental determinant of patient and family experience. Applying principles of patient-centered care – including open-ended questions, clearly articulated treatment plans, and systematic assessment of the needs of both patients and their caregivers – builds trust, improves collaboration, and increases the effectiveness of clinical interventions. The literature underscores that these strategies are essential for enhancing patient satisfaction and improving health outcomes, particularly in dynamic and emotionally demanding crisis contexts (Kwame & Petrucka, 2021; Welp et al., 2019).

The nurse's role in shaping the patient's experience is pivotal; nurses are situated at the frontline of care, and each interaction has the potential to influence the perceived quality of care – regardless of the presence of fatigue, overload, or reduced psychophysical capacity. Importantly, the care experience extends beyond the patient to include family members and caregivers, which is especially relevant in fields that require holistic approaches, such as pediatrics and geriatrics. Attentive responsiveness to the needs of the patient's family constitutes an integral component of comprehensive, high-quality care and contributes to the overall sense of safety within the family system (George, 2024).

Patient-centered care and co-created care have demonstrated positive associations with patient satisfaction and physical and social well-being, including within primary care settings and among populations with multimorbidity. Personalizing care and actively involving patients in the therapeutic process can strengthen their sense of agency, reduce distress, and enhance the quality of the clinical relationship (Kuipers et al., 2019).

Within inpatient settings, the implementation of effective educational and communicative practices is particularly critical. Systematically explaining procedures, providing clear and comprehensible information regarding treatment plans, and employing techniques that support critical thinking and effective communication help reduce the patient's anxiety and increase their sense of safety. These strategies also strengthen

trust within the therapeutic relationship and facilitate the achievement of clinical goals in crisis situations (Kwame & Petrucka, 2021).

Materials and Methods

A qualitative research model was employed, comprising 12 in-depth individual interviews conducted with a purposively selected group of participants. The study design phase included a determination of the number of interviews that would be sufficient to provide an in-depth understanding of the phenomenon. The study sample consisted of actively practicing nurses, while the inclusion criteria were practicing as a nurse and providing informed consent to participate in the study. As part of their professional duties, the respondents had direct experience caring for patients in crisis situations. An additional objective of the study was to examine the emotional experiences and sensitivity of nurses working with sick and suffering individuals. The data were analyzed using a vertical (case-oriented) approach. The research tool was a semi-structured interview guide containing 28 questions. The interviews were conducted between November 1 and December 8, 2025. For logistical reasons, the interviews were conducted both remotely via online communication platforms and in person. The collected qualitative data were analyzed using a vertical (case-oriented) approach. All participants were women aged 24 to 62 years. The interviews lasted between 25 and 50 minutes, with an average duration of 35 minutes. Twelve nurses, selected through purposive sampling, participated in the study. A detailed description of the study group is presented in Table 1.

Table 1. Characteristics of group study (N = 12)

No.	Age	Years of Experience	Employment Status	Workplace	Education
R1	55	35	Fulltime	Hospital	MSc in Nursing with a specialization in Surgical Nursing
R2	52	27	Fulltime	Hospital	Medical vocational school + medical high school
R3	57	35	Fulltime	Hospital	Medical high school
R4	24	1	Fulltime	Hospital	BSc in Nursing; MSc in progress
R5	27	5	Fulltime	Hospital	MSc in Nursing with a specialization in Internal Medicine Nursing; Specialist in Oncology Nursing
R6	54	34	Fulltime	Hospital	Medical high school + BSc in Nursing
R7	50	30	Fulltime + additional contract in another hospital	Two hospitals	MSc in Nursing with a specialization in Internal Medicine Nursing
R8	56	36	Fulltime	Hospital	MSc in Nursing with a specialization in Internal Medicine Nursing and in Geriatric Nursing

No.	Age	Years of Experience	Employment Status	Workplace	Education
R9	62	42	Civillaw contract, approx. 5–6 shifts	Hospital	Medical high school
R10	25	5	Fulltime	Hospital	MSc in Nursing with a specialization in Anesthesiology Nursing
R11	37	10	1.5 FTE	Two hospitals	MSc in Nursing with a specialization in Anesthesiology Nursing
R12	23	5 months	Fulltime	Hospital	BSc in Nursing; MSc in progress

Results

All respondents indicated that they have contact with patients in their daily professional practice; however, it is limited in nature and primarily focuses on obtaining key information necessary for treatment and performing nursing tasks.

> "I try to have as much contact with the patient as possible. This contact is necessary to make the patient feel safer." (R9)

All respondents emphasized that the way they establish contact with patients plays an important role in their daily nursing practice.

> "If patients open up more, they tell you more, and you can correct things and educate them, because you will catch more problems." (R4)

The respondents confirmed that there was a moment in their professional work when they experienced internal conflict.

> "I was talking to a patient. They couldn't diagnose her, and she was a young person. We were talking because she was very afraid of what was going to happen to her; she was afraid that she would suffocate. Then her condition suddenly worsened and while waiting for her to be transferred to another center, I was in her room with another doctor, an intern, and we just cried together." (R2)

All respondents unanimously agreed that difficult experiences contribute to improving the quality of patient care.

> "Yes, because it's experience. The more experience I have, the more confident I am. I know how to help the patient, I am sure what to say to them at a given time and in each place." (R5)

Each respondent reported having experienced emotional stress. The main sources of stress were excessive workload, time pressure, staffing shortages, and a lack of control over organizational factors.

> "I think it's work overload. Too many patients and too few staff and nursing tasks with too little time, which stresses me out a lot. When there's a lot of work and pressure to do several things at once. Generally, one big anger and frustration with the whole system. Powerlessness, because you have no control over certain things." (R7)

The study participants acknowledged that they strive to explain medical procedures and educate patients. At the same time, many of them mentioned the limited amount of time they have available in their daily work as nurses.

> "I try, but we don't have much time for that. That's the truth." (R8)

Each respondent identified key structural and organizational barriers that affect their work. The most frequently mentioned were staff shortages, excessive documentation, poor organization, and limited time for patient interaction.

> "The lack of staff in the hospital, lack of good organization, too much documentation on the computer, too little contact with patients." (R9)
> "Definitely paperwork and documenting everything on the computer, which leaves less time for patients." (R5)
> "Excessive workload, chaos and chaotic work, as well as insufficient staff." (R2)

The majority of respondents reported experiencing ethical dilemmas in their professional practice.

> "When it comes to forced rescue, I find it unethical; at some point, you have to let someone pass away peacefully among their family." (R5)

Most of the respondents described emotional sensitivity in the context of feelings of helplessness and stress.

> "I had a situation where I cried after my shift, and I've only been working for 5 months." (R12)

More than half of the respondents described situations in which their sensitivity supported appropriate clinical decision-making. These accounts most often referred to pain management or situations requiring assertiveness in clinical judgment.

> "I remember a situation where I said I wouldn't administer the medication. A patient arrived with a heart attack, and I told the doctor that I wouldn't administer it because the dose was too high. It took him a while to understand." (R8)

Finally, the nurses emphasized that there is little or no time during work to process emotional stress.

> "There is so much adrenaline at work that you don't think about it." (R10)

Discussion

The findings indicate that emotional vulnerability constitutes an inherent and integral component of nurses' work with patients in crisis. Continuous exposure to suffering, uncertainty, and clinical deterioration generates significant emotional strain. However, rather than diminishing with professional experience, this vulnerability appears to be internalized as a component of clinical competence and psychological resilience, supporting relational engagement and responsiveness to patients' needs (Thorup et al., 2012; Luo et al., 2023).

At the same time, the provision of patient-centered care is substantially constrained by structural and organizational barriers. High workloads, staff shortages, time pressure, and excessive administrative demands limit opportunities for meaningful nurse–patient interaction, often reducing communication to task-oriented exchanges. These findings are consistent with the literature, which demonstrates that organizational constraints undermine relational care and negatively impact both the quality of care and professional satisfaction (García-Carpintero et al., 2023; Kiptulon et al., 2024). Despite these limitations, nurses remain aware of the importance of effective communication and continue to engage in patient education, reflecting adherence to professional values (Kwame & Petrucka, 2021).

Ethical dilemmas emerged as a prominent element of clinical practice, particularly in end-of-life contexts. Conflicts between professional values and institutional constraints frequently led to experiences of moral distress, influencing both clinical decision-making and relationships with patients (Salari et al., 2022; Getahun et al., 2024). Simultaneously, emotional sensitivity was identified as supporting ethical action and enabling nurses to demonstrate assertiveness and moral courage in situations requiring critical judgment (Luo et al., 2023).

Coping with emotional burden appears to rely primarily on experiential learning and the gradual development of professional competence in high-stress environments (Baumgardt & Weinmann, 2022). Nevertheless, limited time and organizational pressures

restrict opportunities for emotional processing, leading to the suppression of stress. In this context, informal and team-based support mechanisms play a compensatory role; however, the literature emphasizes that effective coping requires broader organizational support to reduce psychological burden and prevent burnout (Ren et al., 2025; Pan et al., 2025).

The results of this study should be interpreted with certain limitations in mind. Firstly, the study was conducted on a relatively small sample of 12 actively practicing nurses, which – although consistent with the typical approach of qualitative research – may limit the generalizability of the results. Secondly, because all the participants were recruited from a single region of Poland, the experiences they described may not fully reflect the situation of nurses working under different conditions. Thirdly, only women participated in the study, which precludes any consideration of potential gender-related differences in coping with stress. Furthermore, the nature of qualitative research means that the results should be interpreted within the context of the participants' specific professional and organizational circumstances. Despite these limitations, the study provides valuable insight into nurses' experiences related to emotional sensitivity and identifies areas that require further research.

Conclusions

1. High emotional burden and the dual nature of vulnerability

The findings confirm that nurses working with patients in crisis experience a high emotional burden resulting from continuous exposure to suffering, death, and clinical responsibility. Emotional vulnerability emerges as a persistent feature of practice, functioning both as a source of psychological strain and as a factor that supports professional competence, relational engagement, and responsiveness to patients' needs.

2. Organizational barriers limiting patient-centered care

The study identifies structural constraints – particularly workload, staff shortages, time pressure, and administrative demands – as key barriers to the implementation of patient-centered care. These factors restrict meaningful nurse–patient interaction and contribute to the predominance of task-oriented communication, while simultaneously increasing emotional burden and moral stress.

3. Ethical dilemmas and moral distress in clinical practice

Ethical tensions, especially in end-of-life contexts, represent a significant aspect of nurses' work. Conflicts between professional values and organizational realities contribute to experiences of moral distress, influencing clinical decision-making and shaping relationships with patients.

4. Experiential coping in the absence of systemic support

Coping with emotional burden is primarily based on experience and the development of practical competence in high-stress conditions. However, insufficient time and a lack of structured organizational support limit opportunities for emotional processing, leading to the accumulation rather than resolution of stress.

5. Need for organizational and psychosocial support systems

The absence of institutionalized psychosocial support – such as clinical supervision, access to psychological consultation, and structured interventions for stress management – highlights a critical gap in healthcare systems. Addressing this deficit may support nurses' well-being, reduce moral distress, and improve the quality of patient care.

According to the nurses' accounts, emotional sensitivity may, under certain circumstances, contribute to emotional strain. However, the results do not suggest that burnout, lack of empathy, or moral dilemmas are equivalent phenomena.

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