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NURSE ANESTHETISTS' EXPERIENCE IN MAINTAINING PATIENT SAFETY IN THE OPERATING ROOM WITH HIGH WORKLOAD: A PHENOMENOLOGICAL QUALITATIVE STUDY

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Abstract. This study aims to explore in depth the experiences of nurse anesthetists in maintaining patient safety in operating rooms with high workloads. A qualitative descriptive approach with a phenomenological approach was used to explore the subjective meaning of nurse anesthetists towards their work challenges. Data were collected through in-depth interviews with ten nurse anesthetists in a general hospital with a minimum work experience criterion of two years. The results of the study identified five main themes, namely: (1) high workload characterized by high volume of operations and limited rest time, (2) the impact of workload on physical and psychological conditions and patient safety, (3) adaptation strategies such as time management, spiritual approaches, and team communication, (4) preparedness in dealing with emergency situations, and (5) the need for institutional support from hospital management. Senior nurses tend to rely more on experience, spirituality, and emotional control, while junior nurses need more supervision and advanced training. The conclusion of this study shows that high workload significantly affects the work performance and well-being of anesthesia nurses. Individual coping strategies and institutional support are key to maintaining patient safety and maintaining anesthesia nurse addiction in a high-intensity work environment. This study provides an important contribution to more humanistic hospital policies and supports frontline health workers.

Keywords: nurse anesthetists; high workload; patient safety; work stress;, adaptation strategies; phenomenology

I. INTRODUCTION

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The work of nurse anesthetists in the operating room has a high level of complexity and a very crucial role in ensuring the smoothness of surgical procedures and patient safety. Nurse anesthetists are responsible for monitoring the patient's condition in real time during the anesthesia process, ensuring optimal functioning of the anesthesia equipment, and coordinating closely with the anesthetist and other surgical teams (Hoffman et al., 2020). In practice, they are faced with various challenges, especially the high workload that can affect performance, physical and mental well-being, and the quality of health services (Smith et al., 2018).

High workload in this context Refers to the number and intensity of tasks that exceed an individual's normal capacity to complete them effectively in the time available. Nurse anesthetists face pressure from various aspects, ranging from tight surgical schedules, case complexity, unexpected emergency situations, to limited rest time. These factors contribute to high levels of stress and fatigue (Johnson et al., 2019), which can directly or indirectly reduce alertness and increase the risk of medical errors during procedures.

Research by Lee and Park (2021) revealed that an intense work environment can interfere with nurses' ability to maintain focus and concentration. This poses a significant threat to patient safety, given that the decisions made by nurse anesthetists are often critical and must be made in a short time. Therefore, it is important to understand the factors causing high workload and its impacts, so that appropriate interventions can be designed to support the performance and well-being of these health workers (Chen et al., 2022).

Research over the past two decades has shown that high workloads have a direct impact on the cognitive and psychological performance of medical personnel. Smith et al. (2018) reported that nurses working under high pressure experience impaired concentration and decision-making, which increases the risk of clinical errors. Heavy workloads are also associated with increased incidence of *burnout* , a condition of emotional exhaustion and physical chronicity characterized by feelings of cynicism towards work and decreased work effectiveness (Maslach & Jackson, 2018).

Johnson et al. (2019) stated that burnout can have a serious impact not only on clinical performance but also on interpersonal relationships within the medical team. Nurse anesthetists who experience burnout show decreased empathy

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towards patients and are less able to work optimally with colleagues. In the long term, this can reduce the quality of service and create an unfavorable work atmosphere.

Gonzalez and Murray (2020) added that work pressure in the operating room also affects personal life balance. Many nurse anesthetists find it difficult to divide their time between work demands and family life, resulting in decreased job satisfaction and a desire to leave the profession. This condition risks reducing the retention of experienced health workers, which in turn can reduce the weakness of staff shortages.

Coping strategies have been shown to be effective in reducing the negative impacts of workload. According to Lee and Park (2021), nurses who are able to build internal social support and use relaxation techniques tend to be more resilient in dealing with work pressure. Strategies such as building positive relationships with the team, time management, and mindfulness can help nurses maintain emotional stability when facing high-risk procedures.

The role of healthcare institutions in creating a supportive work environment is crucial. A study by Chen et al. (2022) showed that hospitals that implemented proactive policies such as stress management training, provision of adequate rest rooms, and employee wellness programs succeeded in reducing burnout rates among nurse anesthetists. These policies not only impact individual well-being but also the efficiency of the overall service system.

Miller and Brown (2023) strengthened these findings by showing that nurses who felt supported by management showed a higher capacity to adapt to heavy workloads. Flexible work schedules, fair rotation shifts, and counseling facilities are some of the initiatives that can improve the retention and work motivation of anesthesia nurses.

Understaffing is a fundamental problem that exacerbates the workload. Wilson and Patel (2021) stated that the ratio of anesthesia nurses that is not comparable to the number of surgical procedures causes a lot of responsibility which ultimately impacts patient safety. Budget constraints and uneven distribution of personnel must be a primary concern in hospital management planning.

Insufficient rest time is also a determining factor in increasing the risk of clinical errors. Anderson et al. (2020) showed that fatigue due to lack of sleep has a direct impact on cognitive abilities, including working memory and rapid decision-making. In the context of the operating room, where every second and action is crucial, this cognitive decline is at risk of being fatal.

Keller and Wong (2019) reported that high work pressure significantly increased the prevalence of anxiety and depression among nurse anesthetists. Disturbed mental health not only reduces the quality of personal life but also affects the quality of services provided. Davis et al. (2021) added that work-life balance is a major trigger for the desire to leave the profession.

By understanding the various dimensions of high workload on anesthesia nurses, from operational pressure to psychological and institutional impacts, a holistic policy strategy can be formulated. Synergy is needed between hospital management, health regulators, and professional associations to develop a systemic approach that supports anesthesia nurses in realizing it optimally and sustainably.

This study generally aims to explain and analyze the experiences of anesthesia nurses in dealing with high workloads in the operating room, with an emphasis on a comprehensive understanding of the dynamics of their work in a stressful and complex environment. The main focus of this study is to explore how high workloads affect the physical, mental, and professional performance of anesthesia nurses, as well as understanding the factors behind the increase in workload. This study also aims to deeply understand the adaptation strategies or coping mechanisms used by anesthesia nurses in dealing with these challenges, both individual strategies such as time management, spirituality, and collective strategies such as effective communication and team support.

More specifically, this study has several interrelated specific objectives. First, to identify various factors causing high workload faced by anesthesia nurses in the operating room, such as the number of dense procedures, limited human resources, the complexity of medical procedures, and hospital management policies that affect workload distribution. Second, this study aims to describe the real challenges faced by anesthesia nurses when carrying out situations with high workload, including the need for multitasking, unexpected emergency situations, and the need to maintain accuracy and concentration under conditions of fatigue. Third, this study explores the adaptation strategies used by anesthesia nurses in managing work stress, maintaining emotional stability, and maintaining professionalism amidst heavy operational pressure. Fourth, this study assesses the impact of high workload on the physical and mental health of anesthesia nurses, including chronic fatigue, sleep disturbances, anxiety, depression, and potential burnout. Finally, this study aims to formulate recommendations based on empirical findings that can be used as a reference in formulating policies or managerial interventions to improve the welfare of anesthesia nurses, and indirectly strengthen the patient safety system in the operating room. By addressing this issue holistically, it is hoped that the research results can provide a meaningful contribution to the development of more humane, effective, and sustainable anesthesia care practices.

Nurse anesthetists are professional health workers who have special training to assist anesthetists in performing anesthesia procedures and perioperative care. Their duties cover all stages of anesthesia services, from patient preparation before anesthesia, assistance during surgical procedures, to monitoring and evaluating the patient's condition after surgery. Their role is not only technical, but also very crucial in ensuring patient safety. In its implementation, nurse anesthetists are responsible for preparing anesthetic equipment and drugs, monitoring patient vital parameters, and anticipating the various needs of the anesthesia team during the procedure (Nagelhout & Plaus, 2018).

To carry out this task, nurse anesthetists are required to have multidimensional competencies that include a deep

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understanding of human anatomy and physiology, anesthetic pharmacology, resuscitation techniques, and communication and collaboration skills within a team. These competencies are obtained through formal education and special training under the supervision of an anesthesiologist, and are reinforced through intensive clinical experience (Schweitzer, 2017). In addition, mastery of hemodynamic monitoring techniques and the operation of anesthetic devices such as ventilators, ECG monitors, and anesthesia machines are an integral part of the expertise that must be possessed.

In the context of national regulations, Regulation of the Minister of Health of the Republic of Indonesia No. 519/MENKES/PER/III/2011 describes in detail the duties of anesthesia nurses. These duties are divided into three main aspects: pre-anesthesia maintenance, collaboration with anesthesia specialists, and post-anesthesia maintenance. In the pre-anesthesia stage, duties include assessing the patient's physical status and vital signs, preparing administration and anesthesia equipment, and checking the completeness of drugs and the readiness of the anesthesia machine. In the collaborative stage, anesthesia nurses assist in the planning and implementation of anesthesia techniques, including the installation of invasive and non-invasive monitoring devices, and documentation of each action. In the post-anesthesia phase, anesthesia nurses perform pain management, patient evaluation, epidural catheter monitoring, and maintaining the readiness of the equipment for subsequent use.

All of these roles are carried out within the framework of professional ethics based on the principles of beneficence (doing good), non-maleficence (doing no harm), respecting autonomy (respecting patient rights), and justice (fairness) as stated by Beauchamp and Childress (2013). These ethics are very important, especially when nurse anesthetists must make quick decisions in critical conditions or face ethical dilemmas that require mature clinical and moral considerations. Ethical sensitivity in daily actions makes nurse anesthetists not only technical implementers, but also guardians of patient safety with integrity.

The operating room is a work environment characterized by high pressure, tight time demands, and a very high level of complexity of medical procedures. In this context, nurse anesthetists play a central role in bridging the coordination between surgeons, anesthetists, and other care teams. Their duties include logistical preparation before surgery, physiological monitoring during the procedure, and recovery and evaluation after the procedure is completed. These demands require nurse anesthetists to work with a high level of precision, rapid response ability, and calmness in dealing with emergency situations.

The workload in the operating room is often heavier than other units due to *the action-based* and high-risk nature of the work. Nurse anesthetists deal with workloads not only in terms of the quantity of cases, but also in terms of the quality or complexity of the procedures handled. This includes physical work, emotional stress, cognitive concentration, and interpersonal interactions that are all interrelated in a dynamic and demanding environment (Sun et al., 2021).

Theoretically, workload can be classified into several dimensions as explained by Karasek and Theorell (1990), namely physical, cognitive, emotional, and socio-organizational loads. Physical loads arise from activities such as moving patients or standing for long periods during procedures. Cognitive loads come from translating complex medical information that must be done quickly and accurately. Emotional loads arise from psychological pressure when dealing with critically ill patients or dealing with anxious patient families. Meanwhile, socio-organizational loads are related to team dynamics, hospital policies, and sometimes unbalanced work shift systems.

Factors such as the difficulty of the operation, the stability of the patient's condition, and the time pressure leading up to the procedure add to the burden felt by the anesthesia nurse. When all of these occur simultaneously, nurses must maintain effective coordination with time. Conflict within the team or poor communication will only worsen the situation, increase stress, and risk patient safety. Research by Brown et al. (2019) confirms that the operating room environment is full of collective challenges, where time pressure and work intensity must be faced with strong interpersonal skills and high technical readiness.

Continuous high workload will have significant consequences on the performance and well-being of anesthesia nurses. Physical fatigue due to long shifts, lack of rest time, and high physical demands can reduce the body's ability to maintain endurance and resilience. Meanwhile, continuous psychological stress can cause impaired concentration, irritability, and difficulty in making quick and accurate decisions. This decline in cognitive capacity becomes very dangerous in the operating room environment which demands high alertness and accuracy in every action.

One of the most obvious risks of high workloads is the increased likelihood of medical errors. These errors can include errors in medication dosage, delayed detection of danger signs, or errors in documentation. Previous studies have shown that chronic fatigue and stress increase the likelihood of *near misses* and patient safety incidents (Maslach & Jackson, 1981). On the other hand, ongoing pressure can lead to burnout—a psychological condition characterized by emotional exhaustion, feelings of cynicism toward work, and decreased personal accomplishment. Nurses who experience burnout show lower performance, decreased motivation, and often have intentions to leave the profession.

Burnout also reduces interpersonal interactions over time, as individuals experiencing psychological exhaustion tend to withdraw, lack empathy, and behave reactively. If left unaddressed, this can create an unconducive work environment and compromise collective safety in the operating room. Therefore, it is important for hospital management to recognize the urgency of systemic interventions to maintain the performance and well-being of nurse anesthetists.

In order to survive and remain optimal in a stressful work environment, anesthesia nurses develop various coping and adaptation strategies. These strategies are generally divided

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into active coping, such as time management and effective communication, and passive coping such as calming down or temporarily withdrawing from the source of stress. Social support has been shown to be one of the key elements that greatly helps in reducing emotional stress. Positive relationships with colleagues, supportive superiors, and families who understand the work situation contribute to the mental resilience of nurses in dealing with high workloads.

In addition, mindfulness practices and active stress management such as breathing relaxation techniques, meditation, and gentle allocation of rest time can help reduce physical and mental tension. Nurse anesthetists who regularly practice these have been shown to have better psychological resilience and more stable performance in critical situations. In addition, professional development through additional training and continuing education also has a positive impact. Increased technical competence and self-confidence make nurses better prepared to face complex operative challenges.

In analyzing the phenomenon of nurse anesthesia workload, several theories of work psychology can be used to understand the root of the problem and find solutions based on evidence. **The Demand-Control Theory** of Karasek and Theorell (1990) states that the combination of high work demands and low control over the work process can cause chronic stress. This condition is very relevant to nurse anesthesia who work in a rigid and hierarchical system, with great responsibility but limited room for movement.

Cognitive Load Theory explains how the limited cognitive capacity of humans will be exceeded if burdened with too complex information in a short time. In the practice of anesthesia care, nurses must simultaneously maintain patient data, respond to hemodynamic changes, and follow the anesthesiologist's instructions at a rapid pace. If not managed properly, this condition will increase the risk of mental fatigue and reduce performance.

Furthermore, **Burnout Theory** by Maslach and Jackson (1981) is an important basis in understanding the long-term psychological effects of high workload. This theory describes three main aspects of burnout: emotional exhaustion, depersonalization, and low personal accomplishment. These three aspects are common in health workers in operating rooms who are constantly working under pressure.

Finally, **Conservation of Resources Theory** states that stress occurs when an individual loses resources or is unable to restore them. In the context of nurse anesthesia, loss of energy, rest time, or social support without adequate recovery accelerates burnout and vulnerability to psychological disorders. This theory emphasizes the importance of equitable shift systems, rest facilities, and wellness programs as a form of protection for nurses' psychological and physical resources.

II. RESEARCH METHODS

This study uses a qualitative descriptive approach with a phenomenological method to explore the subjective experiences of nurse anesthetists in maintaining patient safety in the operating room, especially when facing high workloads. The phenomenological approach was chosen because it allows researchers to understand the meaning of participants' lived experiences from their own perspectives, including emotions, perceptions, and strategies used in dealing with work pressure. The main focus of this method is to capture the essence of the experiences of nurse anesthetists working in complex and stressful surgical conditions, which cannot be fully understood through a quantitative approach.

1) Location and Time of Research

   This study was conducted at Hospital X , a large hospital with a fairly high level of surgical activity in the Jakarta area. The location was selected purposively, because the hospital is a referral center with a high volume of operations and significant involvement of anesthesia nurses in each procedure. The study lasted for 60 days , starting from January to February 2024. This time included the preparation stage, participant recruitment, data collection through in-depth interviews, transcription process, and data analysis.

2) Population and Sample

   The population in this study were all anesthesia nurses working in the hospital where the study was conducted. The inclusion criteria set included: (1) active anesthesia nurses working in the operating room; (2) having a minimum of two years of work experience in the field of anesthesia; and (3) willing to be participants by signing an informed consent. The sample selection technique used was purposive sampling , which allows researchers to select participants based on criteria relevant to the focus of the study. If additional participants with similar characteristics are needed, the snowball sampling technique will be used . The total number of participants interviewed was 10 people , all of whom met the inclusion criteria and had an experience range of 2 to 29 years.

3) Data collection technique

   Data were collected through in-depth semi-structured interviews that provided participants with the opportunity to freely describe their experiences, while still directing the conversation to the research topic. The interview guide was developed based on the research problem statement and theoretical framework that had been established, covering questions about workload, challenges faced, adaptation strategies, experiences in emergency situations, and expectations for hospital support. The interviews were conducted either face-to-face or anonymously, depending on the availability of the participants. Each interview session lasted 30–60 minutes , and with the participants' permission, all conversations were recorded for transcription and analysis.

4) Data Analysis Techniques

   Data analysis in this study was conducted using the thematic analysis method as developed by Braun and Clarke (2006). The procedural analysis includes five main stages. First, data transcription was conducted verbatim from interview recordings to obtain authentic raw data. Second, the researcher conducted repeated readings of the transcripts to understand the entire narrative. Third, a coding process was conducted to identify important units of meaning related to the research theme. Fourth, grouping codes into main themes and subthemes was conducted

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based on similarities and relationships between data units. Fifth, the themes formed were explained in depth and interpreted in relation to the theory and work context of anesthesia nurses.

5) Validity and Reliability

To ensure the validity and reliability of qualitative data, this study applied several techniques. First, data triangulation was conducted , namely by comparing data between participants from different experience backgrounds (junior–senior) and checking the consistency of the findings. Second, member checking was used , where the transcript results and initial understanding were sent back to the participants for confirmation. Third, peer debriefing was conducted , namely a discussion and critical review of the analysis of the results with professional colleagues who understand the working context in the operating room, but were not involved in the data collection process. This third approach helps to increase objectivity and strengthen the validity of the findings.

6) Research Ethics

This study was conducted in accordance with the ethical principles of qualitative research. Participants were given complete information about the purpose of the study, procedures, their rights as research subjects, and assurance of data confidentiality. Informed consent was obtained in written form before the interview began. The identities of the participants were disguised using codes (P1, P2, and so on) to maintain privacy. All data were stored securely and used only for research purposes. Participants were also given the freedom to stop participating at any time if they felt uncomfortable.

7) Research Flow Diagram

This research follows a systematic flow starting from topic determination, participant recruitment, data collection, transcription, thematic analysis, to drawing conclusions and recommendations. This process is visualized through a flowchart that illustrates the main steps:

1. Determination of participants
2. In-depth interview practice
3. Transcription data
4. Thematic coding and analysis
5. Identify the main theme
6. Data validation (triangulation/member checking)
7. Interpretation and preparation of research reports

8) Theoretical Research Model

To understand the complexity of the nurse anesthetist experience, this study used four main theoretical models. First, Demand-Control Theory by Karasek and Theorell (1990) which explains that work stress occurs when high demands are not balanced with adequate control. Second, Cognitive Load Theory which emphasizes the limitations of human cognitive capacity in processing information when under high pressure. Third, Burnout Theory by Maslach and Jackson (1981) which identifies dimensions of emotional exhaustion, depersonalization, and decreased personal accomplishment as the impact of chronic work stress. Fourth, Conservation of Resources Theory by Hobfoll which emphasizes the importance of maintaining and restoring psychological resources, such as energy and rest time. These four theories are used to strengthen the conceptual framework in analyzing qualitative findings from the field.

III. RESULTS AND DISCUSSION

Based on in-depth interviews with ten anesthesia nurses with various backgrounds in age, length of service, and clinical responsibilities, five main themes were found, namely: (1) high workload, (2) impact on patient welfare and safety, (3) adaptation strategies, (4) preparedness in emergency situations, and (5) support and expectations for the hospital.

The first theme, namely high workload , emerged consistently from all participants. They described that the routine in the operating room was very busy, often lasting from morning to night, even beyond normal working hours. The workload not only includes the quantity of surgical cases that must be handled, but also the complexity of the procedure, readiness of equipment, patient supervision, and documentation that must be done in a limited time. In addition, the limited number of personnel often causes uneven work distribution, thus increasing physical and mental stress for nurse anesthetists. Situations such as long shifts without sufficient rest, lack of fair job rotation, and high expectations from the medical team make the workload a multidimensional burden that impacts the well-being of nurses.

The second theme is the impact of workload on nurses' conditions and patient safety . The majority of participants stated that physical fatigue and emotional stress were often felt, especially after facing long procedures or emergency situations. The impacts felt were not only physical fatigue, but also impaired concentration and decreased accuracy when performing critical tasks, such as monitoring vital signs or administering anesthetic drugs. Prolonged fatigue also caused some participants to experience psychosomatic symptoms, sleep disorders, and burnout. This condition has the potential to reduce the quality of service and increase the risk of medical errors. Participants realized that patient safety is highly dependent on their physical condition and focus, so that high workloads that are not managed properly can threaten the quality of anesthesia services.

The third theme that emerged was adaptation strategies or coping mechanisms . Despite facing high pressure, anesthesia nurses still try to maintain a balance between work and well-being through various approaches. The strategies used include time management, such as stealing rest time between surgical schedules, maintaining nutritious food intake, and building harmonious communication time. Most participants also rely on spiritual approaches, such as praying before starting a shift or when facing an emergency situation, as a form of emotional reinforcement. Support from colleagues is also an important social capital to remind each other, share tasks, and create solidarity in the face of pressure.

The fourth theme is related to emergency preparedness in the operating room . Some participants gave concrete

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descriptions of their experiences in dealing with patients who experience sudden complications, such as laryngospasm, extreme drops in blood pressure, or allergic reactions to anesthetic drugs. In these conditions, anesthesia nurses must remain calm, maintain, and follow existing SOP procedures with full responsibility. The ability to think quickly, work within time, and access equipment efficiently is key to maintaining patient safety. They also conveyed the importance of experience and regular training as capital to deal with these unexpected situations.

The fifth theme that emerged from the analysis was support and expectations for the hospital institution . Participants conveyed the need for serious attention from hospital management to the welfare of health workers, especially nurse anesthetists. They expected regular workload evaluations, the preparation of more humane work schedules, and the provision of adequate rest time. Several participants also suggested special stress management training, internal communication forums that listen to nurses' aspirations, and awards for performance as a form of recognition of the workload they carry. Strong managerial support is believed to be able to reduce work pressure, increase motivation, and maintain nurses' commitment to carrying out their duties professionally.

Based on the results of this study, it can be concluded that high workload is a real and significant challenge faced by anesthesia nurses in the operating room , and this has a direct impact on physical and mental conditions, as well as the quality of services provided. High workload is characterized by the number of operations, case complexity, and continuity between the number of workers and work volume. This condition causes fatigue, stress, and in the long term triggers burnout which has the potential to disrupt patient safety.

However, nurse anesthetists are not passive in facing these pressures. They develop various adaptation strategies that focus on self-care, spirituality, and team collaboration as a form of psychological protection mechanism. Readiness in facing emergency situations has also proven to be an important strength that shows the competence and dedication of nurses in carrying out their professional roles. However, individual adaptation will not be enough if it is not supported by a healthy work system and caring organizational management.

This study confirms that **instit**utional support is needed , especially in the form of fair work schedules, adequate rest periods, access to stress management counseling or training, and adequate human and logistical resources. With policies that support nurse welfare, patient safety will be more assured, because the quality of nurse anesthesia work is highly dependent on their physical and psychological condition.

The findings of this study are consistent with previous studies highlighting the impact of high workload on nurses' performance and well-being. For example, Smith et al. (2018) showed that nurse anesthetists working under high-pressure conditions experienced decreased cognitive capacity, impaired focus, and increased risk of medical errors. This is in line with reports from participants in this study who stated that they often experienced fatigue and decreased concentration during long shifts or when facing emergency situations.

A study by Lee and Park (2021) also supports the findings on the importance of individual coping strategies. In their study, they found that nurse anesthetists who used a spiritual approach and had good team communication were better able to manage work stress. This is in line with the strategies reported by participants in this study, such as praying before shifts, creating a positive work atmosphere, and maintaining team relationships.

Furthermore, the results of this study are also reinforced by Chen et al. (2022) who emphasized the importance of institutional support in maintaining the welfare of health workers. Hospitals that provide fair work schedules, stress training, and rest facilities have been shown to reduce burnout rates. In the context of this study, participants emphasized that there is great hope for improvements in management policies, including changes to a more humane system and adequate rest spaces.

The correlation between high workload and burnout risk is also reflected in the findings of Maslach & Jackson (1981) who stated that chronic work pressure can cause emotional exhaustion, depersonalization, and decreased personal achievement. This theme also emerged in several participant narratives who stated that they began to lose work motivation and the emergence of a desire to leave the profession.

Thus, the results of this study not only strengthen the findings of previous studies, but also provide a contextual picture of the realities faced by anesthesia nurses in Indonesian hospitals, especially in a high-intensity service system and limited institutional support.

IV. CONCLUSION

This study revealed that anesthesia nurses face high workloads that directly impact physical, mental, and patient safety. The main contributing factors include tight surgical schedules, limited rest time, and task incompatibility. Coping strategies such as time management, SOPs, spirituality, and working hours are key to adaptation. However, institutional support is still lacking. This study emphasizes the importance of a balance between work demands and organizational support to maintain patient safety and nurse well-being, in line with the Demand-Control and Burnout theories.

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