

# Staying afloat in the storm: coping with work-related stress in healthcare professions

Personnel Review

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## Abstract

**Purpose** – This study investigates how healthcare professionals cope with work-related stress and how organizational conditions enable or hinder these coping mechanisms. While stress in healthcare is well documented, this research focuses on the coping process itself, with particular attention to individual strategies in high-pressure settings.

**Design/methodology/approach** – A qualitative design was adopted through 41 semi-structured interviews with healthcare professionals. Thematic analysis was used to identify core themes related to stressors, coping responses and the role of organizational support in shaping these dynamics.

**Findings** – The study identified four interrelated themes: (1) enduring sources of stress – such as excessive workload, staff shortages and emotional strain – that shape daily experiences; (2) diverse coping strategies, with professionals balancing task-based approaches and emotional self-regulation; (3) the enabling or constraining role of organizational support, especially leadership involvement and ongoing training and (4) the crucial link between coping efficacy, employee well-being and the intention to remain in the profession. Together, these findings illustrate how personal resilience and organizational conditions dynamically interact in shaping healthcare professionals' capacity to manage stress.

**Practical implications** – The findings suggest that healthcare organizations should enhance supportive leadership, provide stress management training and ensure sufficient staffing. Recognizing and reinforcing individual coping efforts through structural support can improve well-being, performance and retention.

**Originality/value** – The study offers a novel contribution by shifting the focus from stress outcomes to coping processes, emphasizing individual mechanisms rarely addressed in healthcare research. It enriches the JD-R framework by integrating personal coping strategies with organizational context.

**Keywords** Stress management, Coping strategies, Healthcare professionals, Organizational support, Leadership, Burnout, Workload, Employee well-being, Staff retention

**Paper type** Research article

## Introduction

In the high-pressure world of healthcare, stress is an ever-present companion. Professionals in this field must deliver complex care, make critical decisions, and maintain emotional composure in the face of suffering, trauma, and death (Lin *et al.*, 2025; Wang *et al.*, 2021). While the pressures are not new, what continues to warrant deeper investigation is how healthcare professionals manage to sustain their psychological equilibrium over time (Hawsawi *et al.*, 2025; Lin *et al.*, 2024; Mehrotra and Sood, 2025). In particular, understanding the coping mechanisms they develop and adopt has become crucial—not only to protect their mental health, but also to preserve the integrity of care systems strained by chronic staff shortages, bureaucratic inefficiencies, and global crises such as the COVID-19 pandemic (Marinaci *et al.*, 2023; Puia *et al.*, 2025; Søvold *et al.*, 2021; Yusefi *et al.*, 2022).

Although the sources of stress among healthcare workers have been widely studied (e.g. Fiabane *et al.*, 2013; Mirzaei *et al.*, 2022), and recent research has already explored how organizational structures can either exacerbate or alleviate these stressors (Brand *et al.*,



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2017; [Pinho et al., 2024](#)), what remains relatively underexplored is the nuanced, situated, and often creative ways in which individuals cope with such conditions ([Yadav and Sharma, 2025](#); [Yalim et al., 2025](#))—particularly when formal support systems are insufficient or ineffective. While general frameworks like the Transactional Model of Stress and Coping ([Lazarus and Folkman, 1986](#)) and the Job Demands-Resources (JD-R) model ([Demerouti and Bakker, 2011](#)) have offered valuable tools for conceptualizing stress and responses to it, few studies have examined how these models play out in practice among professionals at different organizational levels and in various healthcare roles. Moreover, although the JD-R model increasingly incorporates psychological and relational resources ([Kinman et al., 2020](#); [Strauss et al., 2021](#)), further empirical insight is needed on how these resources are activated or compensated for through individual coping strategies ([Correia and Carvalho, 2025](#)).

This study focuses on this specific and often overlooked dimension: the coping strategies that healthcare professionals use to manage stress in everyday clinical settings. Rather than reiterate well-known stressors or provide a generic overview of organizational support mechanisms, we aim to shed light on the lived experience of coping itself—how professionals make sense of and respond to pressure, what strategies they develop over time, and how these strategies are shaped, supported, or hindered by their working environment. In doing so, we also seek to contribute to a more practice-oriented and psychologically grounded understanding of the JD-R framework, emphasizing the adaptive agency of healthcare workers within constrained organizational systems.

To address this aim, we conducted a qualitative study based on 41 semi-structured interviews with a diverse group of healthcare professionals, including doctors, nurses, psychologists, and other clinical staff. Using thematic analysis, we explored how participants described their everyday coping strategies, how they navigated emotional and task-related demands, and what forms of informal or institutional support they found helpful—or lacking.

The research is guided by the following core question: *How do healthcare professionals cope with the complex and persistent stressors in their work environment, and what role do organizational conditions play in supporting or constraining these coping strategies?* In reframing the debate around stress in healthcare, we hope to shift attention toward the everyday practices of resilience and adaptation enacted by professionals—practices that often go unnoticed in policy discussions but are essential for sustaining both worker well-being and the quality of patient care.

### Theoretical background

In high-stakes healthcare environments, stress is a persistent challenge that affects both individual well-being and organizational functioning ([Lin et al., 2025](#)). The JD-R model ([Demerouti and Bakker, 2011](#)) has become one of the most widely adopted theoretical frameworks for understanding how workplace conditions shape employee health, motivation, and performance ([Zeshan et al., 2025](#)). Central to this model is the idea that each profession is characterized by a unique combination of job demands and job resources, which interact dynamically to influence both strain and resilience.

Job demands refer to those aspects of a job—physical, psychological, social, or organizational—that require sustained effort and are therefore associated with certain costs ([Bakker and Demerouti, 2017](#)). In healthcare, job demands are notably intense and multifaceted. They include heavy workloads, emotional labor, time pressure, and the psychological toll of witnessing human suffering and making life-critical decisions ([Cogin et al., 2016](#); [Fiabane et al., 2013](#)). These pressures are often amplified by structural issues, such as staff shortages and unpredictable working conditions, increasing the risk of burnout and emotional exhaustion ([Dyrbye et al., 2017](#); [Marinaci et al., 2023](#)).

Job resources, by contrast, are those factors that help reduce the impact of job demands, support goal achievement, and foster personal growth ([Demerouti and Bakker, 2011](#)).

In healthcare settings, resources such as supportive leadership, access to professional development, and adequate staffing are essential buffers that not only mitigate stress but also promote engagement and long-term resilience (Kinman *et al.*, 2020). When these resources are consistently available, professionals are more capable of activating effective coping mechanisms and maintaining a sustainable level of performance.

The JD-R model also offers a valuable lens for examining coping strategies, which can be seen as individual responses to the balance—or imbalance—between demands and resources (Demerouti and Bakker, 2023; Schaufeli, 2017). According to this view, employees adopt different coping strategies based on how they appraise their ability to handle workplace demands with the resources available to them (Bakker and Sanz-Vergel, 2013). Problem-focused coping, such as task planning and time management, is more likely when professionals feel supported and in control. Conversely, emotion-focused coping—including avoidance or detachment—may prevail when job resources are lacking or the emotional toll is overwhelming.

This understanding aligns with Lazarus and Folkman's (1986) transactional model of stress and coping, which emphasizes the centrality of cognitive appraisal in shaping individuals' behavioral responses. However, the JD-R model expands on this perspective by embedding coping within a broader organizational context, showing how structural and relational conditions shape the very possibility of effective coping (Bakker *et al.*, 2023).

Within this framework, organizational support—particularly from leadership—emerges as a critical job resource. Leaders who recognize the psychological load borne by healthcare workers and proactively address systemic constraints play a vital role in shaping a work environment where coping strategies can be effective and sustainable (Bakker, 2011). Moreover, training programs that focus on resilience, stress awareness, and coping skills can enhance workers' psychological resources, making them better equipped to face complex demands (Meneghel *et al.*, 2016).

Recent contributions (e.g. Kinman *et al.*, 2020; Strauss *et al.*, 2021) have also stressed the importance of relational and psychological resources—such as peer support, perceived control, and recognition—which complement structural factors in enabling adaptive coping. Our study builds on these insights by exploring how healthcare professionals mobilize a variety of coping strategies in response to everyday stressors, and how these strategies are shaped—either enabled or constrained—by the presence (or absence) of organizational resources.

In this light, the JD-R model is not merely a framework for understanding burnout or work engagement; it also provides a conceptual foundation for examining how professionals cope with adverse conditions, and how organizations can create environments that foster more effective, proactive coping. By focusing on this underexplored intersection between coping and organizational context, our study contributes to a more comprehensive and practice-oriented application of the JD-R model in healthcare.

## Method

### *Research design*

This study adopts a qualitative research design, with the primary aim of exploring the coping strategies that healthcare professionals develop and enact in response to the stressors of their work environment. Rather than focusing broadly on the causes of stress or on general organizational dynamics, the study investigates how individuals manage stress in practice and how organizational conditions shape—or constrain—these coping processes.

A qualitative approach is particularly suitable for capturing the complexity and depth of these lived experiences, especially in high-pressure settings like healthcare (Cohen *et al.*, 2017). Through in-depth, semi-structured interviews, the study provides rich insights into how healthcare workers make sense of stress, how they respond to it through specific

coping strategies, and how formal and informal organizational factors interact with these responses.

### *Participants*

The sample consists of 41 healthcare professionals, selected through purposive sampling to ensure a diverse representation of job roles and experiences within the healthcare sector. Participants include doctors, nurses, psychologists, and other healthcare workers from a variety of healthcare settings. This diversity allows for a comprehensive exploration of the stressors specific to each role, as well as the coping strategies employed by different professionals.

Participants were required to have at least one year of professional experience in their current position to ensure they were familiar with the typical stressors of their roles. Respondents were approached via professional networks and snowball sampling, starting from initial contacts in hospitals and healthcare organizations known to the research team. Invitations to participate included information about the study's aims, confidentiality, and voluntary nature.

The sample included 24 women and 17 men, with an average age of 42 years and an average of 15 years of professional experience in healthcare. The participants' job roles were distributed as follows: 15 doctors, 15 nurses, 6 psychologists, and 5 professionals in other healthcare-related roles. Additionally, 15 participants held managerial roles, while 26 were non-managerial staff.

### *Data collection*

Data were collected through semi-structured interviews, which lasted approximately 40 min each. This method was chosen for its flexibility, allowing participants to freely express their experiences while still providing a structure for comparison across interviews (Brinkmann and Kvale, 2018). The interviews were conducted either face-to-face or online, depending on participant availability and restrictions related to the COVID-19 pandemic.

To ensure the quality and relevance of the interview protocol, a preliminary version of the interview guide was reviewed by two experts in organizational psychology and qualitative research. In addition, a pilot interview was conducted with one healthcare professional to assess the clarity and comprehensibility of the questions. Based on the feedback received, minor adjustments were made to improve the flow and coherence of the interview. The pilot interview was not included in the final analysis.

The interview questions were designed to explore how healthcare professionals cope with work-related stress and how their coping strategies are shaped by both individual and organizational factors. To this end, the interviews covered three interrelated areas:

- (1) Coping strategies: The central focus of the interviews was on how participants respond to stress in practice. Questions investigated the use of problem-focused and emotion-focused strategies (Lazarus and Folkman, 1986), the perceived effectiveness of these approaches, and how individuals develop and adapt coping mechanisms over time.
- (2) Sources of stress: As a way to contextualize coping responses, participants were also asked to describe the main stressors they encounter in their daily work, including workload, emotional pressure, and organizational complexity (Rollins *et al.*, 2021). This helped to frame the situational triggers for the coping strategies they employ.
- (3) Organizational support: Finally, the interviews explored how the presence—or absence—of organizational support influences participants' ability to cope. Questions addressed support programs, leadership involvement, and access to professional

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development (Brand *et al.*, 2017), with the aim of understanding how structural conditions facilitate or hinder effective coping. Personnel Review

### *Data analysis*

The collected data were analyzed using thematic analysis, a qualitative method that identifies patterns, themes, and key concepts within the data (Braun and Clarke, 2006). This approach was chosen because of its flexibility and suitability for exploring complex, subjective experiences such as stress and coping in healthcare settings. Thematic analysis allows researchers to move beyond surface-level descriptions and uncover the meanings participants assign to their experiences, making it particularly appropriate for studies aiming to explore both individual and organizational dynamics in depth. Furthermore, this method supports both inductive and deductive approaches, aligning well with our objective to explore emerging themes while being informed by the JD-R framework.

To support this process, the analysis was conducted using ATLAS, a software designed for qualitative data analysis. ATLAS facilitated the organization, coding, and interpretation of data, enabling a systematic exploration of emerging themes and ensuring rigor in the analysis.

The analysis followed Braun and Clarke's (2006) six-phase process. First, the interviews were transcribed verbatim and read multiple times to become familiar with the data. Initial codes were generated from significant phrases and responses, which were then grouped into broader themes.

The key themes identified during the analysis center around coping as the core focus of the study, and include: (1) the main sources of work-related stress in healthcare, which provide the situational context that triggers the need for coping; (2) the coping strategies most frequently employed by healthcare professionals to manage such stressors; and (3) the role of organizational support systems in either facilitating or constraining these coping processes. For example, one recurring theme was the significant impact of staff shortages, which intensified workloads and emotional pressure, thereby increasing the need for effective coping mechanisms. Participants frequently emphasized the value of problem-focused coping strategies—such as time management, task prioritization, and structured routines—which were perceived as more effective than emotion-focused strategies in high-demand contexts. At the same time, the presence or absence of organizational support, such as responsive leadership and training opportunities, shaped the feasibility and sustainability of these coping efforts.

### *Ethical considerations*

This study followed strict ethical guidelines to ensure the protection of participants' rights and the integrity of the research process. Before the interviews, participants were informed of the study's objectives, and informed consent was obtained. They were assured that their responses would remain confidential and anonymized in all research outputs. The interviews were recorded with the participants' consent and stored securely, with only authorized personnel having access to the data.

To protect participant identities, each respondent was assigned a unique identification code. Any identifying information, such as the names of healthcare institutions, was removed from the transcripts.

Participants were informed of their right to withdraw from the study at any point, without any negative consequences.

### *Trustworthiness and rigor*

To ensure the reliability and validity of the findings, several strategies were employed to maintain trustworthiness in the research process (Lincoln and Guba, 1985).

- (1) Triangulation: Data from the interviews were cross-referenced with existing literature on stress and coping in healthcare, ensuring consistency and depth in the findings (Lazarus and Folkman, 1986; Siegrist *et al.*, 2019).
- (2) Member checking: A subset of participants was invited to review the findings and verify that their experiences were accurately represented, enhancing the credibility of the results (Birt *et al.*, 2016).
- (3) Peer debriefing: The themes and interpretations were discussed with other researchers familiar with the subject matter to reduce researcher bias and strengthen the analysis.

## Findings

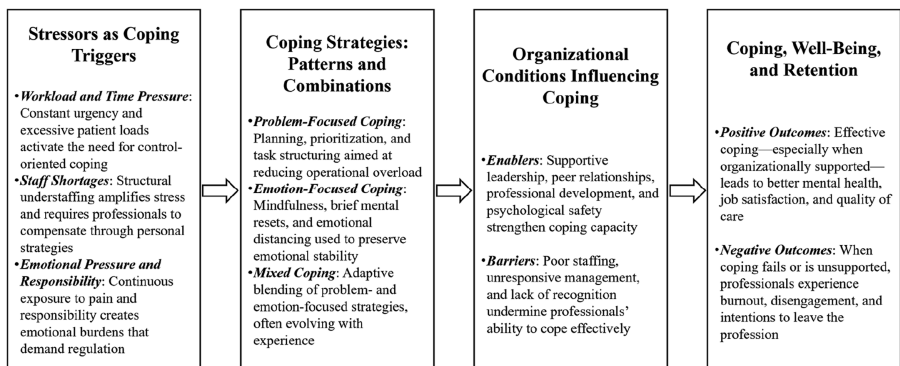
The analysis of the 41 interviews revealed that coping with stress is a multidimensional and situated process shaped by a dynamic interaction between individual strategies and the broader organizational environment. While healthcare professionals commonly reported a range of well-known stressors, the study's main contribution lies in identifying how these professionals actively respond to stress through different coping mechanisms, and how these are either enabled or hindered by contextual conditions.

Four core thematic areas emerged from the analysis (see Figure 1): (1) the conditions that trigger stress and activate coping responses; (2) the coping strategies that professionals adopt to maintain emotional and functional balance; (3) the organizational conditions that either support or constrain these coping efforts; and (4) the outcomes of coping in terms of individual well-being, job satisfaction, and retention.

### Stressors as coping triggers

Stressors were not examined in isolation, but rather as the primary triggers for the activation of coping strategies. Participants consistently identified three recurrent stress-inducing conditions.

The overwhelming workload and time pressure were universally cited as major stressors that prompted the need to develop structured coping mechanisms. *“The workload is really heavy, and we’re always running against time. It’s exhausting, both mentally and physically”* (Participant 12, nurse). This sense of continuous pressure often led professionals to create their own systems for maintaining order, predictability, and emotional stability—coping as a way of reclaiming control.



**Figure 1.** Overview of findings: coping strategies in response to work-related stress in healthcare. Source: Authors' elaboration

Staff shortages were frequently reported as the contextual constraint that amplified stress and forced professionals to rely on both emotional and behavioral coping tactics. *“We’re always understaffed, and it makes everything harder. You can’t give your best when you’re stretched so thin”* (Participant 21, doctor). Such comments indicate how resource scarcity intensifies the need for problem-solving coping, especially when systemic support is lacking.

In many cases, coping mechanisms were also developed in response to emotional burdens rather than just operational demands. *“The hardest part is the emotional toll. You deal with people in pain every day, and it’s hard not to take that home with you”* (Participant 8, psychologist). Here, the stressor is relational and affective, requiring not only cognitive strategies but also emotion regulation and self-protection techniques, especially in professions exposed to trauma or end-of-life care.

### *Coping strategies: patterns and combinations*

The heart of the findings concerns the diverse coping strategies that professionals employ to manage their stress. While these fall broadly into problem-focused and emotion-focused categories, the data reveal considerable nuance and flexibility in how these strategies are used—often in combination.

Many participants emphasized cognitive and behavioral strategies to address the source of stress directly. These included setting priorities, using checklists, time blocking, and anticipating workload peaks. *“I always make a to-do list and prioritize the most critical tasks. It helps me stay on top of things”* (Participant 33, nurse). This quote exemplifies how micro-level planning becomes a way to maintain autonomy and reduce chaos. Several participants also described “self-imposed rituals” (e.g. starting the day reviewing patient files) as techniques to restore clarity and focus amid competing demands.

Participants also reported strategies aimed at managing emotional responses to stressors, especially in situations beyond their control. *“I meditate for 10 min during my break just to clear my mind and reset”* (Participant 6, psychologist). Such strategies allowed professionals to create psychological distance and reframe their internal state, even when external conditions remained unchanged. Some described these moments as “mental hygiene” necessary to prevent emotional saturation. Other emotion-focused practices included talking to trusted colleagues, taking brief walks, or “just breathing for a moment in silence,” which served as quick emotional resets during intense shifts.

Many participants combined both approaches, showing a flexible and situational use of coping techniques. *“I try to balance both. I focus on organizing my tasks but also make time for some deep breathing exercises during my shift to manage the emotional stress”* (Participant 29, doctor). This integrated coping reflects a dual awareness of both task-related and emotional pressures. Such strategies were common among more experienced staff or those in leadership roles, suggesting an evolution in coping repertoire over time. *“When I was younger, I would just push through. Now I take a moment to ask myself what I need—do I need a plan, or do I need to let something out?”* (Participant 35, nurse). This additional quote (new) captures the adaptive maturation of coping approaches across a career, and how experience can foster greater metacognitive insight.

### *Organizational conditions influencing coping*

While coping is an individual act, participants consistently linked their coping success to organizational affordances or constraints.

The presence of attentive and available leadership was perceived as a protective factor that made coping more effective. *“When the leadership is supportive, it makes a huge difference. You feel like you’re not alone in dealing with the stress”* (Participant 19, nurse). Supportive leaders were described as “buffers” or “sounding boards,” with some participants noting that even small gestures—like checking in informally—helped regulate emotional strain.

Access to training and reflective spaces contributed to the development of new coping tools. *“We have access to continuous training, and that’s been really helpful. It helps you feel more equipped to handle the pressures”* (Participant 11, doctor). Several participants emphasized the value of coping-oriented content in training sessions (e.g. mindfulness, debriefing techniques), which complemented clinical expertise.

Where organizational support was lacking, participants described a sense of abandonment and the need to “cope alone.” *“We don’t get the support we need from the administration. They know we’re understaffed, but nothing changes”* (Participant 25, psychologist). This led to a compensatory coping pattern, where professionals relied more heavily on personal routines and peer support networks to survive emotionally.

### *Coping, well-being, and retention*

Participants clearly articulated the connection between effective coping and professional well-being. When coping was possible and supported, participants reported greater confidence, emotional balance, and performance quality. *“When I feel supported, I’m able to manage my stress better, and that reflects in the quality of care I give”* (Participant 10, doctor). Conversely, when coping broke down—due to overwhelming demands or lack of institutional support—professionals expressed disillusionment and disengagement. *“The constant stress and lack of support have made me consider leaving the profession altogether”* (Participant 14, nurse). This quote highlights the boundary between coping and burnout, showing that individual strategies have limits when organizational dysfunction persists. As one participant put it: *“You can be as resilient as you want—but if nothing around you changes, it’s like patching a sinking boat”* (Participant 31, nurse).

## **Discussion**

This study aimed to explore how healthcare professionals cope with work-related stress, and how organizational conditions support or hinder these coping efforts. Drawing on the JD-R model (Bakker and Demerouti, 2017; Demerouti *et al.*, 2011) and integrating insights from the coping literature (Lazarus and Folkman, 1986), we conducted in-depth interviews with 41 healthcare professionals to investigate the interplay between individual strategies and institutional environments. The results revealed three main thematic areas: (1) stress triggers, (2) individual coping strategies, and (3) organizational support systems, with an additional (4) cross-cutting theme concerning the impact on well-being and retention.

The findings underscore the intense and multifaceted nature of stress in healthcare settings, echoing prior research on workload, time pressure, and emotional labor (Cogin *et al.*, 2016; Fiabane *et al.*, 2013). However, this study adds new insights by detailing how professionals cope on a daily basis. Many respondents adopted problem-focused coping strategies, such as task prioritization and time management, to regain a sense of control and maintain functionality. Others relied on emotion-focused strategies, including meditation or emotional detachment, to manage the psychological strain. Notably, several professionals engaged in combined approaches, balancing practical task organization with emotional self-regulation—an underexplored coping pattern in the literature.

These results enrich existing JD-R applications in healthcare by highlighting how coping is not merely an outcome of job demands and resources, but also an active mediating mechanism shaped by both individual agency and organizational conditions (Bakker and Sanz-Vergel, 2013; Kinman *et al.*, 2020). While the JD-R model has increasingly incorporated psychological and relational resources, this study refines that perspective by mapping how professionals mobilize coping strategies in real time. In this sense, we extend prior work by showing how personalized coping repertoires emerge in response to daily challenges—a theme less visible in large-scale surveys or quantitative designs (Hall *et al.*, 2016; Pinho *et al.*, 2024).

### *Theoretical implications*

This study advances theoretical understanding of work-related stress and coping in healthcare by offering a nuanced, behaviorally grounded interpretation of how individuals navigate high-demand environments. Drawing on the JD-R model (Demerouti and Bakker, 2011) and the Transactional Model of Stress and Coping (Lazarus and Folkman, 1986), our findings deepen and extend existing theories in five key directions.

First, we refine the JD-R model by positioning coping not merely as an outcome of personal resources but as an active mediating mechanism between job demands and well-being. While prior research has identified self-efficacy, optimism, and resilience as personal buffers (Kinman *et al.*, 2020; Xanthopoulou *et al.*, 2007), we highlight that professionals engage in context-sensitive coping behaviors—such as task prioritization, cognitive reframing, and emotional detachment—as adaptive responses to dynamic work conditions (Pinho *et al.*, 2024). This framing reconceptualizes personal resources as enacted strategies rather than stable traits.

Second, our study supports a processual and situated view of coping, in line with recent scholarship that critiques rigid taxonomies of coping types (Brough *et al.*, 2018). Rather than employing fixed strategies, participants reported oscillating between problem- and emotion-focused coping based on perceived controllability and organizational responsiveness. This fluidity reinforces a dynamic model of coping as iterative regulation shaped by ongoing appraisal and adaptation (Kinman *et al.*, 2020).

Third, we contribute to the literature linking coping to professional identity and meaning-making. Coping, in our findings, is not only about mitigating stress but also about preserving ethical standards and vocational integrity—especially in morally distressing contexts marked by under-resourcing and institutional neglect (Marinaci *et al.*, 2023; Rehman *et al.*, 2025). These insights resonate with emerging work on the role of coping in sustaining meaningful work and resisting value incongruence in professional settings (Zhang and Kowalczyk, 2023).

Fourth, we deepen the understanding of organizational support as a moderator of coping effectiveness. While the JD-R model acknowledges the buffering role of resources, our results emphasize how perceived leadership responsiveness, access to structured training, and the presence of emotional support systems actively condition individuals' ability to cope (Brand *et al.*, 2017; Meneghel *et al.*, 2016). This aligns with the idea of coping as embedded within a broader social ecology (Brough *et al.*, 2018), where structural enablers or constraints influence agentic efforts.

Finally, we propose an important theoretical linkage between coping and career sustainability. Unlike much of the existing literature that focuses on short-term stress outcomes such as exhaustion or disengagement (Fiabane *et al.*, 2013; Hall *et al.*, 2016), our findings suggest that effective coping—when supported by the organization—enhances professionals' intention to remain in the field. This points to the need for integrating coping into theoretical models of retention and workforce resilience (Demerouti and Bakker, 2023), bridging the gap between individual adaptation and long-term organizational sustainability.

### *Practical and managerial implications*

The findings of this study carry several important practical implications for healthcare organizations seeking to reduce stress, enhance well-being, and retain qualified professionals in high-pressure environments. These insights are particularly relevant in a post-pandemic context where systemic pressures, emotional exhaustion, and staffing shortages continue to affect healthcare delivery.

First, the results underscore the need for structured support systems that go beyond generic wellness initiatives. Many participants reported that their ability to manage stress depended on the tangible presence of empathetic leadership, accessible resources, and institutional recognition of their workload challenges. This suggests that stress prevention and coping enhancement should be integrated into daily managerial practices, not confined to isolated

interventions or reactive crisis management. Frontline supervisors should be trained to recognize early signs of emotional strain, facilitate open communication, and offer practical adjustments (e.g. flexible scheduling, micro-breaks, workload redistribution).

Second, the study points to the effectiveness of coping-oriented training programs. While healthcare professionals often relied on individual strategies like time management or mindfulness, these were self-initiated and inconsistently supported by the organization. Institutions should invest in professional development pathways that incorporate evidence-based coping techniques, including stress inoculation training, emotional regulation tools, and peer-support facilitation. These interventions should be tailored to the healthcare context and embedded into continuing education schemes rather than offered as optional extras.

Third, our findings emphasize the importance of organizational responsiveness to structural stressors, such as staff shortages. The perception that managers are aware of systemic problems but fail to act exacerbates emotional fatigue and erodes trust. To counter this, leaders must translate awareness into visible action, such as transparent communication on staffing plans, acknowledgment of resource constraints, and inclusion of frontline workers in problem-solving processes. Even partial or incremental improvements can restore a sense of agency and fairness among staff.

Fourth, the study highlights the role of hybrid coping strategies—blending problem-focused and emotion-focused approaches—in sustaining professional performance. Organizations should therefore move beyond binary models of stress support and adopt multilevel interventions that simultaneously target the task environment (e.g. digital workflow tools, team-based task planning) and emotional resilience (e.g. access to counselors, spaces for decompression). Encouraging a culture of reflective practice, where stress is normalized and coping is shared, may also foster collective resilience and reduce stigma around emotional vulnerability.

Fifth, there are implications for retention policies. Several participants expressed that the accumulation of unmanaged stress had led them to consider leaving the profession. This signals a direct link between stress exposure, coping failure, and turnover intention. HR departments and leadership teams must therefore treat stress management as a strategic retention lever, integrating it into workforce planning, performance evaluation, and career development discussions. Organizations that fail to support coping mechanisms risk not only burnout but also the erosion of professional identity and long-term workforce depletion.

#### *Limitations and future research directions*

This study has some limitations that inform avenues for future research. First, while the qualitative design allowed for in-depth exploration of coping strategies, the findings are based on a non-generalizable sample of 41 healthcare professionals. Future research could adopt mixed-methods approaches to assess the prevalence and effectiveness of different coping mechanisms across broader populations.

Second, the cross-sectional nature of the data captures a specific moment in time, without accounting for how coping strategies evolve in response to career progression, critical events, or organizational change. Longitudinal studies could offer more insight into the dynamic development of coping and resilience.

Third, the study focuses solely on the perspective of healthcare professionals, without including voices from managers or institutional stakeholders. Including these perspectives in future research would help clarify the organizational rationale behind stress management policies and identify potential gaps between policy and practice.

Fourth, data rely on self-reported experiences, which may be subject to social desirability bias, particularly regarding maladaptive coping strategies. Future studies may benefit from triangulating self-reports with observational or physiological data.

Lastly, while this study examined coping primarily at the individual level, healthcare work is inherently collective. Future research should explore team-based coping, informal support networks, and the influence of professional culture and team dynamics.

## Conclusion

This study contributes to a deeper understanding of how healthcare professionals experience and cope with work-related stress, highlighting the central role of individual strategies and the organizational contexts that enable or hinder their effectiveness. Through the lens of the JD-R model, the findings reveal that while stressors such as workload, emotional pressure, and staff shortages are pervasive, professionals engage in a range of coping responses—both problem-focused and emotion-focused—to preserve their functional and emotional balance. Crucially, these efforts are significantly shaped by the degree of organizational support available, particularly through leadership, training, and well-being policies.

Rather than proposing universal solutions, this study emphasizes the importance of tailoring interventions to the lived experiences of healthcare workers, acknowledging their agency while also holding institutions accountable for the environments they create. In doing so, it encourages a shift from reactive stress management to proactive organizational strategies that foster resilience, engagement, and long-term retention in healthcare settings.

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