

FROM EMERGENCY TO SURVIVAL: EXPLORING NURSES' EXPERIENCES AND CHALLENGES IN MANAGING ACUTE CARDIAC EMERGENCIES

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DOI: <https://doi.org/10.5281/zenodo.22340942>

Keywords

Acute cardiac emergencies; Nurses' experiences; Emergency nursing; Cardiac arrest management

Article History

Received: 14 July 2026

Accepted: 18 August 2026

Published: 31 August 2026

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Abstract

Background: Acute cardiac emergencies are life-threatening conditions requiring immediate assessment, rapid intervention, and effective teamwork. Nurses play a central role in emergency cardiac care, yet they encounter various clinical, emotional, and organizational challenges while managing critically ill patients. Understanding nurses' experiences is essential for improving emergency care practices and supporting healthcare providers.

Aim: The aim of this study was to explore nurses' experiences and challenges in managing acute cardiac emergencies.

Methods: A qualitative descriptive phenomenological research design was used. The study was conducted at Luqman International Hospital, Swat. Ten registered nurses were selected through purposive sampling based on their clinical experience in managing acute cardiac emergencies. Data were collected through semi-structured face-to-face interviews and analyzed using Braun and Clarke's six-step thematic analysis framework.

Results: Four major themes emerged from the data: facing critical situations and clinical challenges during acute cardiac emergencies; decision-making, teamwork, and communication in emergency care; emotional burden, workload challenges, and coping strategies; and the need for continuous training and system improvement. Nurses described rapid decision-making, effective teamwork, emotional stress, resource limitations, and the importance of regular professional training as key aspects influencing emergency cardiac care.

Conclusion: Nurses experience acute cardiac emergency management as a complex and demanding responsibility requiring clinical competence, emotional resilience, teamwork, and organizational support. Continuous education, simulation-based training, adequate resources, and supportive healthcare systems are recommended to enhance nurses' preparedness and improve patient outcomes.

Introduction

Acute cardiac cases present one of the greatest challenges in modern-day health care. These situations are characterized by rapid deterioration, unpredictability, and a requirement for time-critical life-saving interventions. One of the factors that drives the pressure on emergency and critical care systems globally, are conditions in the cardiovascular system, such as acute myocardial infarctions, cardiac arrest, and other critical, life-threatening, cardiac events. (Shahmari et al. 2025). Apart from technological solutions in health care, effective and efficient management of these conditions requires, among other things, the ability to recognize the conditions and collaborate as a team. Nurses play an important role in emergency cardiac care, since they are often the first health care professionals to assess and monitor patients, provide support for resuscitation, and carry out emergency care interventions. The nature of these emergencies exposes nurses to a range of challenges that can have an impact on the nurses themselves and the care outcomes for the patients. (Hesami et al. 2025)

The nature of these emergencies also has an impact on the nurse, well before an intervention is required. The nature of cardiac emergencies requires rapid decision-making and the ability to manage your own emotions and the emotionally challenging situation the nurse is required to work in. Shahmari et al. (2025), believe emotional self-control is critical for nurses to effectively manage the challenges of critical care situations. Similar to Shahmari et al., Dermer et al. (2024) identified that basic life support nurses experienced challenges relating to confidence, preparedness, teamwork, and emotional control during resuscitation. The significance of these studies is the value of the psychological preparation of the nurse and the supportive work environment as essential elements of emergency cardiac care.

Previous literature has focused on the challenges faced by nurses during cardiac arrest and post-resuscitation care. Zali et al. (2024) reported challenges faced by critical care nurses in the post-resuscitation phase of care such as, emotional

exhaustion, draining of emotional resources with the need to make complex decisions, challenges with communication, and the nurse's responsibility of dealing with uncertain outcomes of the patient. Hesami et al. (2025) documented how nursing students experienced cardiac arrests, emotional distress, anxiety, and an inability to translate theoretical knowledge into practice. These studies expand the existing literature, however, much of the existing literature focuses on components of cardiac arrest rather than the full experience of the nurse.

Low and middle-income countries like Pakistan have unique problems relating to the lack of emergency healthcare resources and trained personnel to deal with cardiac arrests. Cardiovascular disease is increasing in Pakistan and the emergency healthcare systems continue to have structural and operational challenges. Baig et al. (2024) noted the challenges within Pakistan's emergency medical services in managing out-of-hospital cardiac arrests, including an inadequate response, a lack of resources, and poor coordination. Siddiqui et al. (2026) noted the need for coordination and strengthening the emergency system within a Pakistani tertiary care hospital with the goal of improving emergency preparedness. The challenges of emergency care in Pakistan need to be documented, and the experiences of nurses need to be documented especially relating to emergency nursing within the Pakistani health care system.

The role of emergency nursing practitioners is still developing, but the available evidence around the practice is lacking. Evidence-based practice relies on understanding challenges, approaches, and strategies employed by emergency care nurses to resolve clinical challenges and situations. Existing studies have focused mainly on outcome measured competencies and post-simulation reflections of emergency care. Liu et al. 2024 reported the challenges faced by emergency nurses in clinical deterioration situations related to the early recognition of deterioration and the workload challenge. Similarly, Cheng et al. 2024 noted that the factors that influence the emergency care ability of nurses include education, clinical

experience, workplace support, and the nature of the healthcare system. However, the interrelationship of these factors during acute cardiac emergencies is still underexplored.

Understanding the challenges faced by emergency care nurses in the provision of care to patients in cardiac emergencies is of great value to nursing practice, healthcare education, and policymaking. Research evidence is needed to develop strategies to overcome challenges and improve nursing practice and emergency care, based on nursing and healthcare simulation. The use of advanced emergency care nursing simulation has been shown to increase preparedness, while at the same time enabling learners to reflect on and discuss the emotional and cognitive challenges of the role (Aristidou et al. 2023; Arnone et al. 2026). Strengthening the nursing emergency response is likely to increase compliance with evidence-based guidelines for the provision of cardiac care and improve healthcare outcomes, by reducing response times, promoting teamwork, and optimizing evidence-based care for patients. Understanding the challenges faced by nurses can assist in the development of strategies to improve the nursing profession and healthcare.

While many studies elaborate on the management of cardiac emergencies, much remain to be answered about the entirety of what happens during cardiac emergencies in Pakistani tertiary care centers. Especially, how Pakistani nursing staff manage emergency situations, and how they balance their emotional well-being, clinical demands, and continuously adapt their nursing practice. Also, there is a scarcity of information on nursing problems encountered in Pakistani emergency departments. Most of the existing studies focus on the awareness of emergency nursing and its corresponding needs at a system level (Khaskheli et al., 2026). The goal of this study is to understand how nurses deal with the realities of emergency nursing, and how they cope in the face of the challenges of emergency cardiac nursing, as well as to understand the barriers to delivering quality emergency cardiac care. The study aims to answer the query: “What do Pakistani nurses deal with, and what are the

challenges faced by Pakistani nurses during the management of urgent and critical cardiovascular emergencies?”

Methods

A qualitative descriptive phenomenological research design was used to explore nurses' experiences and challenges in managing acute cardiac emergencies. The study was conducted at Luqman International Hospital, Swat, where nurses were actively involved in providing emergency and critical care services. The study participants included registered nurses who had experience in managing patients with acute cardiac emergencies. A total of 10 nurses participated in the study, and the sample size was determined based on data saturation, where no new information, concepts, or themes emerged from additional interviews. Participants were selected through a purposive sampling technique to ensure that individuals with relevant clinical experiences were included.

The inclusion criteria consisted of registered nurses who had a minimum of six months of clinical experience, were currently working in emergency, intensive care, or cardiac care areas, and had direct experience in managing patients with acute cardiac emergencies, including cardiac arrest, acute myocardial infarction, and other critical cardiac conditions. Nurses who were willing to participate and provide informed consent were included. Nurses who had no direct experience with acute cardiac emergency management, were unavailable during the data collection period, or declined participation were excluded from the study.

Data Collection Procedure

Data were collected through semi-structured face-to-face interviews conducted with the selected nurses at Luqman International Hospital, Swat. Before conducting interviews, permission was obtained from the hospital (Ref No LIH/IRB 12/26). Participants were informed about the purpose of the study, confidentiality of information, voluntary nature of participation, and their right to withdraw at any time. Written

informed consent was obtained from all participants before data collection. An interview guide containing open-ended questions was used to explore nurses' experiences, challenges, emotional responses, coping strategies, and perceived barriers while managing acute cardiac emergencies. Each interview lasted approximately 30–45 minutes and was audio-recorded with participants' permission. Field notes were also documented to capture additional contextual information and researcher observations. Data collection continued until saturation was achieved.

Data Analysis Procedure

The collected data were analyzed using Braun and Clarke's six-step thematic analysis framework. In the first step, the researcher became familiar with the data by repeatedly reading the interview

transcripts and listening to audio recordings. In the second step, initial codes were generated systematically from meaningful statements related to nurses' experiences and challenges. In the third step, related codes were organized and grouped to develop potential themes. During the fourth step, identified themes were reviewed and refined to ensure consistency and relevance to the research objectives. In the fifth step, themes were clearly defined and named to represent the underlying meanings of participants' experiences. Finally, in the sixth step, the final themes were interpreted and presented in a comprehensive narrative supported by participants' quotations. This systematic approach helped ensure a rigorous, transparent, and credible analysis of nurses' experiences in managing acute cardiac emergencies.

Results

Demographic Analysis

Table 1

Demographic Characteristics of Participants

Participant Code	Age (Years)	Gender	Nursing Qualification	Total Nursing Experience	Experience in Managing Acute Cardiac Emergencies
P1	30 years	Female	Diploma Nursing	9 years	4 years
P2	23 years	Male	Diploma Nursing	2 years	2 years
P3	36 years	Male	Diploma Nursing	15 years	12 years
P4	20 years	Male	Diploma Nursing	2 years	2 years
P5	25 years	Male	Post RN BSN	3 years	2 years
P6	28 years	Female	Diploma Nursing	6 years	3 years
P7	32 years	Male	Diploma Nursing	8 years	5 years
P8	29 years	Female	Post RN BSN	7 years	4 years
P9	35 years	Male	Diploma Nursing	10 years	6 years
P10	25 years	Male	Post RN BSN	3 years	2 years

This study included 10 nurses from the Luqman International Hospital, Swat, Pakistan. Participants varied in age from young to old, with

most being early or mid-career. The majority of participants were male nurses, but there were female nurses, too. Participants were Diploma

Nursing degree holders, and some had a Post-RN BSN. Participants ranged from people with 2 years of experience to people with 15 years or more of experience. Participants managed acute cardiac emergencies for as few as 2 years, but up to 12 years. The combination of age, education, and

experience supplied the participants with varied points of view about challenges that nurses face, the process of decision-making and what types of strategies are employed to manage the emergencies.

Thematic Analysis

Figure 1

Themes of the study



Table 2

Emergent Themes, Categories, Codes, and Supporting Participants' Quotes from Nurses' Experiences and Challenges in Managing Acute Cardiac Emergencies

Theme	Category	Codes	Participants' Quotes
Theme 1: Facing Critical Situations and Clinical Challenges During Managing life-threatening cardiac conditions		Acute MI management	"We commonly encounter cardiac emergencies like MI patients and manage according to protocols." (P2) "Cardiac emergency is a life-threatening event and requires immediate management." (P1)
		Cardiac arrest response	"We prepare the emergency trolley and start resuscitation quickly." (P2)

	Challenges during emergency care provision		"CPR and ACLS management are needed for cardiac emergencies." (P5)
		Limited resources	"The challenges are shortage of equipment and availability of emergency drugs." (P7) "Limited resources and emergency equipment affect patient care." (P10)
		Time pressure	"Emergency cases require quick decisions and immediate response." (P3) "Handling critical patients is stressful because every second is important." (P6)
Theme 2: Decision-Making, Teamwork, and Communication in Emergency Care	Clinical decision-making during emergencies	Rapid assessment	"We make critical decisions by assessing patient priority and vital signs." (P9) "Decision making depends on patient condition and emergency protocols." (P4)
		Following emergency protocols	"We follow ACLS and emergency guidelines for better outcomes." (P5) "Protocols help us manage patients safely during critical situations." (P9)
	Importance of teamwork and communication	Team coordination	"When all team work together, it gives positive outcomes." (P3) "Teamwork and communication help provide quick and safe patient care." (P9)
		Professional collaboration	"Good communication among healthcare professionals improves patient management." (P4) "Collaboration between doctors and nurses helps in critical situations." (P8)
Theme 3: Emotional Burden, Workload Challenges, and Coping Strategies	Psychological stress after emergency management	Emotional stress	"After handling critical cardiac emergencies, nurses feel stress and psychological pressure." (P7) "Managing severe cases affects nurses emotionally." (P6)
		Coping through support	"I manage stress by communicating with colleagues and sharing experiences." (P9) "Talking with colleagues helps reduce emotional burden." (P4)
	Organizational and workload challenges	Staff shortage	"Staff shortage and workload can affect emergency care." (P3) "Limited staff creates difficulty in managing emergency situations." (P7)

		Lack of resources	"Emergency care is affected by lack of equipment and resources." (P10) "Availability of proper resources is important for patient survival." (P5)
Theme 4: Need for Continuous Training and System Improvement	Professional development needs	ACLS/BLS training	"Nurses need regular ACLS and BLS training programs." (P5) "Regular CPR training can improve emergency care." (P10)
		Skill enhancement	"More training programs are required to improve nurses' skills." (P2) "Continuous education helps nurses manage cardiac emergencies better." (P8)
	Improving emergency care systems	Adequate staffing	"Provide adequate staffing and proper resources for better care." (P5) "Enough staff can improve emergency management." (P10)
		Better equipment availability	"Emergency equipment should be available and maintained properly." (P7) "Good resources and equipment improve patient outcomes." (P9)

Theme 1: Facing Critical Situations and Clinical Challenges During Acute Cardiac Emergencies

The first theme, "Facing Critical Situations and Clinical Challenges During Acute Cardiac Emergencies," reflected nurses' experiences of managing highly critical and unpredictable cardiac conditions requiring immediate clinical attention, rapid responses, and advanced nursing skills. Participants described acute cardiac emergencies as life-threatening situations where delays in assessment and intervention could significantly influence patient outcomes. Nurses reported encountering various critical conditions, including acute myocardial infarction, cardiac arrest, and other unstable cardiac events, which required continuous monitoring, emergency preparedness, and timely implementation of life-saving interventions. The experiences shared by participants demonstrated that managing cardiac emergencies was not only a technical responsibility but also a challenging clinical experience requiring

confidence, alertness, and the ability to perform effectively under pressure.

Participants emphasized that acute cardiac emergencies demanded immediate recognition of patient deterioration and prompt initiation of emergency management. Nurses explained that they frequently managed patients presenting with severe cardiac conditions and had to rapidly assess the situation while preparing emergency interventions. One participant described this experience by stating, "Cardiac emergency is a life-threatening event and we manage different cardiac emergencies like MI and heart patients" (P1). Another participant highlighted the importance of immediate preparedness during such situations, stating, "We commonly encounter cardiac emergencies like MI patients; we prepare the emergency trolley and manage these situations according to protocol" (P2). These statements indicated that nurses perceived early recognition and rapid response as essential

components of effective cardiac emergency management.

Participants also identified cardiac arrest management as one of the most demanding responsibilities in emergency care. Nurses described resuscitation situations as highly stressful but emphasized the importance of performing CPR, following ACLS guidelines, and maintaining readiness for emergency interventions. One nurse stated, *“CPR and ACLS management are needed in emergency care”* (P5), while another participant explained, *“We start resuscitation quickly and manage the patient according to emergency protocols”* (P2). These experiences demonstrated that nurses’ ability to respond confidently during cardiac arrest situations was closely linked with their clinical knowledge, practical skills, and previous exposure to emergency cases.

Furthermore, participants reported several challenges while providing care to patients with acute cardiac conditions. They highlighted that emergency situations often occurred under intense time pressure, where nurses had to make immediate decisions despite uncertainty. One participant explained, *“Handling critical cardiac emergency cases is stressful because every second is important for patient survival”* (P6). Another participant expressed that *“Emergency cases require quick decisions and immediate response from the healthcare team”* (P3). These experiences reflected the complexity of acute cardiac care, where nurses must balance rapid decision-making with accurate clinical judgment.

Overall, this theme revealed that nurses experienced acute cardiac emergency management as a demanding clinical environment characterized by critical patient conditions, urgent decision-making, and the need for continuous readiness. Their narratives highlighted the importance of emergency preparedness, clinical competency, and supportive healthcare systems to enable nurses to effectively manage life-threatening cardiac situations and improve patient outcomes.

Theme 2: Decision-Making, Teamwork, and Communication in Acute Cardiac Emergency Care

The second theme, described the critical role of nurses’ clinical judgment, collaborative practice, and effective communication while managing patients experiencing acute cardiac emergencies. Participants highlighted that emergency nursing practice requires rapid assessment, prioritization of care, and immediate decision-making to ensure timely interventions. Nurses explained that during cardiac emergencies, they often had limited time to analyze patient conditions and had to rely on their clinical knowledge, previous experiences, and established emergency protocols. The findings demonstrated that effective management of acute cardiac conditions was not an individual effort but a coordinated process involving nurses, physicians, and other members of the healthcare team.

Participants emphasized that clinical decision-making was one of the most important aspects of emergency cardiac care. Nurses described that they were required to quickly identify the severity of patients’ conditions, assess vital signs, recognize warning signs, and determine appropriate immediate actions. One participant explained, *“We make decisions according to the patient’s condition, vital signs, and emergency situation”* (P9). These experiences indicated that nurses considered rapid clinical assessment and prioritization as essential skills for managing critically ill cardiac patients.

Participants further described the importance of following standardized emergency protocols and guidelines during decision-making. Nurses explained that protocols provided direction and confidence when managing complex situations, particularly during cardiac arrest and other life-threatening events. One participant stated, *“We follow ACLS protocols during cardiac emergencies because it helps us provide proper and timely management”* (P5). Another nurse mentioned, *“Protocols guide us about what steps should be taken during emergency situations”* (P8). These responses highlighted that evidence-based guidelines supported nurses in making appropriate clinical

decisions and maintaining consistency in emergency care practices.

Teamwork was identified as a fundamental element in successful cardiac emergency management. Participants explained that acute cardiac care requires coordination between nurses, doctors, and other healthcare professionals because multiple interventions often need to be performed simultaneously. Nurses described that effective teamwork improved response time, reduced confusion, and enhanced patient safety. One participant shared, *"When all healthcare members work together, emergency management becomes easier and patient care improves"* (P3). Another participant stated, *"Team coordination is very important because one person cannot manage a critical cardiac patient alone"* (P7). These statements reflected that collaborative practice was perceived as essential for achieving positive patient outcomes.

Communication among healthcare team members was also emphasized by participants as a key factor influencing emergency care delivery. Nurses explained that clear and timely communication helped in sharing patient information, coordinating interventions, and avoiding mistakes during critical situations. One participant stated, *"Good communication between nurses and doctors helps in taking quick decisions for the patient"* (P4). Another participant explained, *"During emergencies, everyone should communicate clearly because delays or misunderstandings can affect patient care"* (P9). These experiences demonstrated that communication was not only an interpersonal skill but also a patient safety mechanism in emergency settings.

Participants also highlighted that professional collaboration increased their confidence while managing difficult cases. Nurses explained that support from experienced colleagues and senior healthcare professionals helped them handle stressful emergencies more effectively. One nurse mentioned, *"Working as a team gives confidence because everyone supports each other during critical cases"* (P8). Another participant stated, *"Support from colleagues helps us manage emergency situations more effectively"* (P6). This indicated that a supportive team environment contributed to

improved clinical performance and reduced the burden associated with managing critically ill patients.

Overall, this theme revealed that effective acute cardiac emergency management depends on nurses' ability to make rapid clinical decisions, apply emergency protocols, and collaborate effectively with the healthcare team. Participants' experiences emphasized that teamwork and communication are essential components of safe emergency nursing practice. Strengthening interprofessional collaboration, improving communication systems, and providing opportunities for team-based simulation training may further enhance nurses' preparedness and effectiveness in managing acute cardiac emergencies.

Theme 3: Emotional Burden, Workload Challenges, and Coping Strategies Among Nurses Managing Acute Cardiac Emergencies

The third theme, reflected the psychological experiences, occupational pressures, and adaptive strategies used by nurses while dealing with critically ill cardiac patients. Participants described acute cardiac emergency management as a professionally demanding experience that not only required clinical expertise but also created emotional and physical stress. Nurses explained that caring for patients during life-threatening situations, witnessing sudden deterioration, and being responsible for immediate interventions often generated psychological pressure. However, participants also highlighted their ability to cope through professional commitment, teamwork, emotional support, and personal resilience.

Participants reported experiencing emotional stress while managing patients with severe cardiac conditions, particularly when dealing with cardiac arrest, unsuccessful resuscitation attempts, or critically unstable patients. Nurses explained that although emergency situations were part of their professional responsibilities, repeated exposure to life-threatening events could affect their emotional well-being. One participant stated, *"Managing critical cardiac patients is emotionally difficult because we see patients fighting for their lives"* (P6). Another

nurse explained, *"Sometimes after managing a severe emergency case, we feel stress because we think about the patient outcome"* (P7). These narratives demonstrated that nurses experienced a significant emotional impact while maintaining their professional responsibilities in emergency care settings.

Participants also described the psychological pressure associated with being responsible for making timely decisions during critical situations. Nurses expressed that emergency environments required them to remain calm and focused despite internal stress and fear of making mistakes. Another participant stated, *"We have to control our emotions and stay confident because patients need immediate care"* (P9). These experiences reflected the emotional challenges nurses encountered while balancing professional responsibility with personal reactions to critical situations.

Workload-related challenges were another important aspect highlighted by participants. Nurses explained that managing acute cardiac emergencies often occurred alongside routine clinical responsibilities, creating increased workload and physical exhaustion. Participants reported that staff shortages, multiple critically ill patients, and demanding emergency situations increased their professional burden. One participant mentioned, *"Sometimes workload becomes very high, especially when many emergency patients come at the same time"* (P3). Another participant stated, *"Shortage of staff creates difficulty because emergency patients require continuous attention and monitoring"* (P7). These accounts indicated that organizational factors influenced nurses' ability to provide timely and effective emergency care.

Participants further identified limited resources and inadequate support systems as factors contributing to workplace stress. Nurses explained that difficulties in accessing necessary equipment, emergency medications, or additional staff support increased pressure during critical situations. One participant expressed, *"When resources are not available at the right time, it increases stress for nurses because we want to provide the best care"* (P10). Another participant stated, *"Availability of proper resources reduces stress and helps*

nurses perform better during emergencies" (P5). These findings suggested that supportive healthcare environments are essential for reducing occupational stress among emergency nurses.

Participants also highlighted that experience and professional dedication helped them develop emotional resilience over time. Experienced nurses reported becoming more confident in managing emergencies while still recognizing the seriousness of each case. One participant mentioned, *"With experience, we become stronger and learn how to handle stressful situations professionally"* (P8).

The theme revealed that nurses managing acute cardiac emergencies experience significant emotional and occupational challenges. Although emergency care places considerable psychological and workload demands on nurses, effective coping strategies, supportive teamwork, professional experience, and organizational support enable nurses to maintain their performance. The findings highlight the need for healthcare institutions to recognize nurses' emotional needs and develop supportive interventions, including psychological support services, adequate staffing, and stress-management programs to enhance nurses' well-being and quality of emergency care.

Theme 4: Need for Continuous Training and System Improvement in Acute Cardiac Emergency Care

The fourth theme, reflected nurses' perceptions regarding the importance of professional development, skill enhancement, and strengthening healthcare systems to improve the management of acute cardiac emergencies. Participants emphasized that although clinical experience contributed significantly to their confidence and ability to manage critical situations, continuous education and regular competency-based training were essential for maintaining effective emergency care practices. Nurses highlighted that advances in cardiac care, evolving treatment protocols, and the complexity of emergency situations required healthcare professionals to continuously update their knowledge and practical skills.

Participants identified regular training programs, particularly in Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), and emergency response techniques, as essential components for improving nurses' preparedness. Nurses explained that emergency situations require confidence, accuracy, and rapid performance of skills, which can be strengthened through repeated training and simulation-based learning. One participant stated, "*Regular ACLS and BLS training programs are necessary because cardiac emergencies require updated knowledge and skills*" (P5). Another participant explained, "*Training helps nurses improve their confidence and manage emergency situations more effectively*" (P8). These experiences demonstrated that nurses viewed continuing education as an important factor in improving clinical competence and reducing hesitation during critical events.

Participants further described that practical exposure alone was not sufficient to maintain emergency readiness, and structured educational opportunities were required. Nurses emphasized that simulation training and repeated practice could help them respond more efficiently during real-life emergencies. Another participant stated, "*Regular refreshment courses help us remember emergency procedures and improve our performance*" (P10). These responses highlighted the importance of combining theoretical knowledge with hands-on practice to enhance emergency nursing skills.

In addition to individual competency development, participants emphasized the importance of improving organizational systems to support effective cardiac emergency management. Nurses explained that quality emergency care depends not only on their skills but also on the availability of adequate staffing, functional equipment, emergency medications, and supportive institutional policies. One participant stated, "*Providing proper resources and equipment can improve the management of cardiac emergencies*" (P7). These statements reflected nurses' perceptions that system-level improvements are necessary to complement individual clinical abilities.

Participants also highlighted the need for improved emergency preparedness within healthcare facilities. Nurses suggested that

hospitals should regularly evaluate emergency protocols, conduct drills, and ensure that emergency equipment is available and maintained. Another participant stated, "*Availability of emergency equipment and proper organization makes emergency management easier*" (P9). These experiences indicated that a well-prepared healthcare environment can improve nurses' confidence and contribute to better patient outcomes.

Participants believed that supportive leadership and institutional commitment play an important role in improving emergency nursing practice. Nurses explained that encouragement from hospital administration, opportunities for professional growth, and access to educational programs could motivate nurses and improve their performance. One participant stated, "*Hospitals should support nurses by arranging training programs and improving facilities*" (P4).

Overall, this theme demonstrated that nurses perceived continuous professional development and healthcare system improvement as essential requirements for effective acute cardiac emergency management. Participants recognized that emergency nursing competence is not a fixed ability but requires ongoing learning, practice, and organizational support. The findings emphasize the importance of implementing regular BLS/ACLS training, simulation-based education, adequate staffing, and improved availability of emergency resources to strengthen nurses' preparedness and enhance the quality and safety of cardiac emergency care.

Discussion

This study investigated nursing perspectives and problems associated with dealing with acute cardiac emergencies. Participants were able to express their opinions and challenges in four main areas. The first of these four areas is the management of critical care. The second is decision-making and teamwork. The third is emotional burden and workload. The fourth area encompasses the need for continuing training and enhancements in the health-care system. Participants thought that the management of

acute cardiac emergencies was a serious and difficult high-level clinical responsibility that involved the nursing staff making a quick assessment and an intervention that was equally quick. Participants described cardiac emergencies as unpredictable circumstances in which the outcome of the patient could be jeopardized by the lack of recognition and delay in the administration of the necessary treatment. Similar results were described by Botes et al. (2023) in their study of the health care practitioners' experiences of managing emergencies. They reported that emergency care providers often operate in situations that include a great deal of uncertainty, meager support, and extreme accountability. The results of this study correspond with Khaskheli et al. (2026) who indicated the value of nursing staff's recognition of the early symptoms and signs of myocardial infarction to manage cardiac emergencies. The results provide the opinion of the nurses that preparing, knowledge, and rapid response are important components of the best safe practice in the management of acute cardiac care.

Vivian Hunt and colleagues found that nurses engaged clinical judgment, patient assessment, previous experience, and emergency protocols, while making decisions during episodes of acute cardiac emergencies. Participants stressed the need for speed and the importance of rapid assessment and immediate prioritization of care, as cardiac patients suffered from a rapidly deteriorating condition. These results corroborate Zhang et al. (2025) and their study on the psychological experiences of junior emergency nurses when dealing with the recognition and response to clinical deterioration. Zhang et al. noted that nurses faced issues of early recognition, decision-making, and the preservation of confidence. Bellen et al. (2024) described the same issue when analyzing the confidence gap between the knowledge of Advanced Cardiac Life Support (ACLS) and its clinical application. The results of this study suggest that continual education and training of nurses provides ongoing confidence and supports their decision-making during cardiac emergencies.

This study shows that in acute cardiac care, bringing people together and connecting them through communication, are key to effective teamwork. Study participants pointed out the need for the collective efforts of nurses, doctors, and other healthcare workers, in the management of critically sick cardiac patients. Effective communication was also suggested to reduce gaps in care and enhance patient safety. These suggestions are further supported by Riley et al. (2022), who investigated the experiences of nurses in the resuscitation room, and indicated that teamwork, communication, and role coordination by different members of the team impact the experiences of nurses during resuscitation. Similar findings have also been documented by Sevedzem (2024) who noted that poor communication, coupled with the high demand nature of the emergency work, and the existence of the challenges inherent in the healthcare system, impact negatively on nurses' ability to sustain patient safety in emergency departments. It is a significant advancement on the existing literature that teamwork in emergencies improves emergency response, and also helps to reduce some of the psychological effects of stress, which emergencies increase, on nurses.

The results of the study showed that nurses faced emotional challenges when providing care for patients during acute cardiac emergencies. The nursing staff spoke about the psychological challenge of watching patients deteriorate during resuscitation attempts and the psychological challenge of the responsibility they have for the life-saving effort. The staff said that while emergency care is part of their job, they may still experience emotional challenges and psychological exhaustion from critical incidents. This study's findings coincide with those of Riley et al. (2022), who stated that after a critical incident, the nursing staff experienced stress, fear, and reflection. Similar findings were noted by Zhang et al. (2025), who reported the psychological strain of emergency nursing in the identification and response to deteriorating patients, particularly for nurses with little experience. The current study shows that the

psychological support of peers and the use of professional coping strategies constitute essential supports for nursing staff in the area of acute cardiac care.

Limited resources, heavy workloads, and inadequate staffing were noted as critical barriers to emergency care. Study participants said that having to focus on multiple patients in cardiac arrest significantly impacts the ability to provide care. Similar findings were noted by Botes et al. (2023) in that the lack of needed resources, inadequate support, and solitudinarian efforts by healthcare professionals constitute the major challenges to providing emergency care. Sevedzem (2024) also noted that nurses in emergency care situations experience patient safety challenges as a result of workload, resource constraints, and various organizational limitations. The current study adds further evidence from the Pakistani hospital context, demonstrating that system-level challenges may increase nurses' stress and inhibit emergency interventions.

Participants ranked continuous education, ACLS/BLS training, simulation-based training, and professional development as interrogatories for improvement of emergency preparedness. Nurses argued that continuously scheduled training was essential for the retention of confidence, the current state of knowledge, and the practice of skills for the management of emergencies of the heart. These findings are congruent with Bellen et al. (2024), who described the challenges associated with the implementation of ACLS and the advantage of training and competency-based education for emergency healthcare providers. Kumari et al. (2025) documented the existence of discrepancies in the knowledge and the ability of cardiac arrest and CPR among health workers in Pakistan and advocated for the establishment of specific educational initiatives. It can be concluded that emergency training programs, competency-based evaluations, and simulations in particular, will enhance the preparation of nurses and the overall quality of cardiac emergency care.

These findings provide an important account of nurses' lived experiences when managing acute

cardiac emergencies. Based on effective emergency care, I believe that emergency preparedness relies on clinical ability, cooperative working, emotional flexibility, and adequate support provided by the healthcare system. The results showed that the management of acute cardiac emergencies must have a multi-faceted approach addressing professional education, supportive work environments, efficient communication, and available resources. These findings align with the findings of Riley et al (2022) who reported that nurses require clinical education and organizational support in order to manage the complex demands of resuscitation care. Kumari et al. (2025) supported these findings by stating that there is a clear need to enhance heart attack care and first responder competencies. The present study fulfills this gap by providing Pakistani contextual evidence based on the personal experiences of nurses working in Pakistani hospitals. It also recommends institutional changes that enable emergency preparedness and rescue efforts aimed at the psychological wellbeing of nurses and the improvement of patient outcomes in the context of acute cardiac care.

Conclusion

This study concluded that nurses managing acute cardiac emergencies experience complex clinical, psychological, and organizational challenges that require rapid decision-making, effective teamwork, strong communication, and advanced emergency care competencies. The findings revealed that nurses play a critical role in recognizing deteriorating cardiac conditions, initiating timely interventions, and supporting patient survival during life-threatening situations. Participants identified emotional stress, workload pressure, resource limitations, and the need for continuous professional development as important factors influencing emergency care delivery. Regular BLS and ACLS training, simulation-based education, adequate staffing, availability of emergency resources, and supportive healthcare systems were considered essential for improving nurses' preparedness and confidence. Strengthening institutional support and

addressing identified challenges may enhance the quality of acute cardiac emergency management, promote patient safety, and improve outcomes in critical care settings. with e-cigarette use.

Recommendations

1. Regular BLS and ACLS Training Programs:

Healthcare institutions should implement regular Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) training programs for nurses to enhance emergency response skills, clinical confidence, and competency in managing acute cardiac emergencies.

2. Simulation-Based Emergency Training:

Hospitals should introduce simulation-based learning and mock cardiac emergency drills to provide nurses with practical experience in managing cardiac arrest, myocardial infarction, and other critical situations in a controlled environment.

3. Improvement of Emergency Resources and Staffing:

Healthcare administrators should ensure adequate availability of emergency equipment, medications, and trained nursing staff to reduce delays and improve the quality of acute cardiac emergency management.

4. Strengthening Interprofessional Communication and Teamwork:

Hospitals should develop strategies to improve teamwork, role clarity, and communication among nurses, physicians, and other healthcare professionals through regular multidisciplinary training and emergency response exercises.

5. Provision of Psychological Support for Nurses:

Healthcare organizations should establish supportive mechanisms, including post-event debriefing sessions, peer support systems, and stress management programs to address the emotional burden experienced by nurses after managing critical cardiac emergencies.

6. Development of Evidence-Based Emergency Care Policies:

Healthcare institutions should regularly review and update emergency care protocols according to current evidence-based guidelines and provide continuous professional development opportunities to ensure nurses remain prepared for evolving cardiac emergency management practices.

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