

From Burden to Blessing: Maternal Guilt as a Spiritual Compass for Resilience Among Muslim Intensive Care Unit Nurses in Indonesia

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Abstract

Maternal guilt is common among working mothers in caregiving professions, and Muslim ICU nurses in Indonesia have been shown to report elevated levels; however, existing research has treated religiosity primarily as a buffer that mitigates such distress rather than examining how guilt itself may be reinterpreted as a spiritually meaningful process. This gap is most consequential in ICU nursing, where the compression of professional moral distress and maternal obligation is most acute, yet this population has received little empirical attention within Islamic psychology. This study examined how Muslim ICU nurses in Indonesia interpret and transform maternal guilt through an Islamic spiritual lens. Interpretative Phenomenological Analysis was employed, with two in-depth semi-structured interviews conducted with each of eight Muslim ICU nurse-mothers recruited through purposive sampling from three regional public hospitals in Banjarmasin, South Kalimantan. Interviews were conducted in Bahasa Indonesia interwoven with Bahasa Banjar and analysed following Smith and colleagues' six-step IPA procedure. Three group experiential themes emerged: guilt was experienced as a divine moral compass anchored in the body and read through daily exposure to patient mortality; it was transformed through Islamic vocabulary (*sabr*, *ikhlas*, *tawakkul*, *amanah*) and embodied ritual practices (*wudu*, *niyyah*) from perfectionist standards to the standard of *cukup* (enough); and it ultimately reinforced a unified identity in which mothering and nursing were held together as dual sacred trusts. These findings contribute to culturally grounded models of maternal well-being in Muslim-majority caregiving contexts and inform faith-integrated approaches to Islamic guidance and counselling for women in high-demand healthcare professions.

INTRODUCTION

Maternal guilt is a familiar burden for women who work in caregiving professions, and it is often especially acute among nurses whose long shifts pull them away from young children at home. What that guilt means in a religious frame, however, has received little empirical attention: existing scholarship has treated religiosity primarily as a variable that softens distress, without asking how faith might reshape what the guilt itself means. This study examines how Muslim Intensive Care Unit (ICU) nurses in Indonesia interpret and transform maternal guilt through an Islamic spiritual lens.

Research on working mothers in nursing has consistently found that maternal guilt intensifies under shift-based demands and continuous exposure to patient suffering (Constantinou et al., 2021). Öke Karakaya et al. (2021), for example, found in a phenomenological study of Turkish nurses that this guilt was carried in the body and coloured

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how nurses saw their own children in the faces of dying patients. Similar patterns of embodied distress have been reported in intensive care nursing more broadly, where the moral weight of end-of-life decisions leaves distinct traces on nurses' identity and well-being (Henrich et al., 2017). For nurses who are also mothers, absence from children during shifts generates a form of guilt that practical adjustments alone cannot resolve, functioning, as Aarntzen et al. (2019) put it, as a kind of straightjacket that constrains women's sense of adequacy. A smaller but growing body of work has begun to argue that religious coping is not simply a supplementary strategy but a framework through which moral experience is itself constituted (Achour et al., 2016; Dolcos et al., 2021); what such reinterpretation looks like in the day-to-day life of Muslim women in high-demand professions, however, remains an open question.

Within Islamic scholarship, several constructs describe how Muslims make sense of psychological distress. *Sabr* (patience), *ikhlas* (wholehearted acceptance), *tawakkul* (surrender to God), and *amanah* (sacred trust) function not simply as coping techniques but as categories through which experience is organised (Achour et al., 2016; Ibrahim et al., 2020). Recent qualitative work with Muslim women shows that these frameworks shape experiences of guilt and mothering in ways that generic religious coping measures do not capture. Eltaiba (2024), for instance, argues that guilt among Muslim women is often held within a hermeneutic of self-examination rather than pathology, and Mazruei et al. (2024) show that Islamic spiritual-religious training can reduce guilt in Muslim mothers by working with, rather than around, religious meaning. What remains underexamined is how these interpretive resources are actually mobilised in professional caregiving contexts where maternal identity and clinical duty are simultaneously framed as religious obligations.

The choice to focus on ICU nurses is deliberate. Nurses in general wards or outpatient clinics typically work more predictable schedules and encounter death less frequently, whereas ICU nurses face three intensifiers at once: rotating night shifts that displace them from their children's daily rhythms, the moral weight of critical-care decisions that can leave lasting distress (Henrich et al., 2017), and the emotional labour of accompanying dying patients and their families through the final hours. The cumulative toll of these conditions is reflected at the workforce level in consistently elevated burnout rates in the ICU nursing workforce internationally (Ramírez-Elvira et al., 2021). For nurse-mothers, this compression amplifies both the frequency and the intensity of guilt in ways not typically reported in general nursing samples; Wu et al. (2022), for example, documented how Taiwanese ICU nurse-mothers described their work as pulling them apart from motherhood in ways that other nurses did not report.

Similar patterns have been documented outside ICU work: Matheson et al. (2019) described nursing shiftwork with children as a "juggling act", and Ha (2016) reported that Korean nurses working three shifts routinely framed child-rearing and clinical work as competing rather than compatible obligations. The Indonesian setting is particularly informative because it combines the world's largest Muslim population with a predominantly female nursing workforce, and yet the experience of Muslim nurse-mothers has received limited empirical attention (Primadona & Lenggogeni, 2024).

Recent Indonesian work has begun to document how faith practices are mobilised in demanding parenting contexts more broadly (Daulay et al., 2025; Febriyani et al., 2025), and a preliminary quantitative study of female ICU nurses in South Kalimantan found that maternal guilt in this specific population reaches elevated levels (Hairina et al., 2024). That work could not reveal, however, how these women make sense of the guilt they reported, or how the religious framing of caring work as *ibadah* and mothering as *amanah* shapes that process (Khosravi, 2018).

Given that existing research has documented the prevalence of maternal guilt among nurse-mothers but has tended to treat religiosity as a buffer rather than as a horizon of meaning,

this study addressed that gap through an Interpretative Phenomenological Analysis of eight Muslim ICU nurse-mothers in South Kalimantan. It asked how these women make sense of the guilt that arises in their daily work, what interpretive resources they draw on, and how the experience of guilt shapes their understanding of themselves as both mothers and nurses.

METHODS

Design

This study used an Interpretative Phenomenological Analysis (IPA), a qualitative approach for examining how people make sense of significant lived experiences (Smith et al., 2009; Smith & Osborn, 2015). The aim was to examine the interpretive process through which Muslim ICU nurses understand and transform maternal guilt, rather than to establish prevalence or predictors as measurable variables. The idiographic commitment of IPA to detailed case-by-case analysis, together with the double hermeneutic that positions the researcher as making sense of the participant who is making sense of her own experience, is well suited to phenomena whose meaning is embedded in cultural, religious, and professional context (Eatough & Smith, 2008; Pietkiewicz & Smith, 2014).

Researcher Positionality and Reflexivity

The first author conducted all interviews and led the analysis from a partial-insider position, consistent with IPA's recognition of the researcher as an active interpreter rather than a neutral observer (Smith et al., 2009). She shared with participants the experience of being a woman, a Muslim, a Banjar speaker of the same regional cultural background, and a working mother, features that facilitated rapport and comprehension of religiously and culturally embedded meanings. However, she is not a clinical nurse, and this preserved analytic distance from the professional culture under study.

Reflexivity was operationalised through three concrete practices maintained throughout data collection and analysis. First, a reflexive journal was kept in which the first author recorded, after each interview, her own emotional responses (moments of resonance, discomfort, or protective avoidance), assumptions that were consciously influencing her coding, and instances in which her own maternal experience risked colouring interpretation. Second, bracketing memos were written before beginning analysis of each transcript, in which she articulated the prior expectations she was bringing to that specific narrative so that these could be held in view and, where necessary, suspended. Third, regular analytic meetings were held with the second and third authors (a senior qualitative psychologist and a nursing expert) and with the fourth author (an Islamic studies scholar), in which developing interpretations were tested against perspectives from disciplines the first author does not command; disagreements were logged and resolved through discussion, with the audit trail preserved.

Participants

Eight Muslim women working as ICU nurses were recruited through purposive sampling. Inclusion criteria required that participants (a) were Muslim, (b) worked as permanent nurses in an adult ICU with at least two years of experience in that unit, (c) had at least one child under 18 living at home, and (d) were willing to take part in two in-depth interviews. Recruitment took place through three regional public hospitals in Banjarmasin, South Kalimantan; these hospitals were selected because they operate the largest adult ICUs in the province, receive tertiary referrals from surrounding districts, and maintain 24-hour rotating shift systems with routine exposure to end-of-life care, making them representative of high-intensity ICU environments in the Indonesian context.

The sample of eight is consistent with IPA guidance for professional doctorate and journal-length studies, which treats a small number of homogeneous participants as sufficient

for the depth of case-by-case interpretation that characterises the method (Pietkiewicz & Smith, 2014; Smith et al., 2009). Homogeneity in this study was defined by shared experience of the phenomenon under study (being a Muslim mother working as an ICU nurse) rather than demographic uniformity, in line with IPA's idiographic commitments. Participant characteristics are summarised in Table 1.

Table 1. Participant characteristics ($n = 8$)

Code	Age	Children	Married	ICU tenure	Additional context
P1	32	1 (3.5 y)	5 y	5 y	Local husband; mother deceased
P2	41	2 (13, 6 y)	15 y	2 y	Local supportive husband
P3	34	2 (7, 1 y)	9 y	6 y	Father died in ICU; receives criticism from in-laws
P4	38	3 (12, 8, 4 y)	13 y	8 y	Both parents nurses; inherited caregiving patterns
P5	36	1 (5 y)	7 y	4 y	Husband works in Kandungan (separated 5 days); father recently died
P6	30	1 (2 y)	4 y	3 y	Nuclear family only; unresolved grief over patient deaths
P7	35	1 (4 y)	6 y	7 y	Both parents killed (unsolved case); trained in Jakarta
P8	33	2 (4 y, infant)	6 y	4 y	Left infant from age 3 months

Note. All names have been replaced with codes (P1–P8) to preserve confidentiality. Age, marriage duration, and ICU tenure are reported in years (y).

Data Collection

Data were collected through two in-depth semi-structured interviews with each participant, conducted between March and August 2025, generating 16 interviews in total. The two-session design allowed for initial exploration in the first interview and clarification and deepening of emergent themes in the second, and gave participants time to reflect on the topic in daily life (Englander, 2012; Smith et al., 2009).

Interviews were conducted in Bahasa Indonesia interwoven with Bahasa Banjar, the vernacular of South Kalimantan and the regional language of the first author; interviews were not conducted in English. This linguistic choice allowed participants to speak in the register most natural to them for reflecting on personal and religious experience. All interviews were audio-recorded with participants' consent and transcribed verbatim in the original languages (Indonesian and Banjar); analysis was conducted on the original-language transcripts, and translation into English was undertaken only for the illustrative quotations presented in this manuscript. Interviews lasted between 50 and 90 minutes. The interview guide was used flexibly, opening with career trajectory and current ICU work and moving into the experience of being a mother in this profession, moments of feeling inadequate or guilty, sources of meaning and support, and reflections on identity and change over time.

Data Analysis

Data were analysed following the six-step IPA procedure outlined by Smith et al. (2009) and further detailed by Pietkiewicz and Smith (2014). Analysis was conducted in the original language of the interviews. The steps were as follows: First, each transcript was read repeatedly while re-listening to the audio recording to develop familiarity with the whole narrative. Second, exploratory notes were made line by line, attending to descriptive content (what was said), linguistic features (how it was said, including metaphor, pause, emphasis, and code-switching between Indonesian and Banjar), and conceptual dimensions (what the participant was making sense of). Third, personal experiential statements were formulated by grouping exploratory notes into meaning units that were more abstract but still grounded in the participant's own language. Fourth, patterns across personal experiential statements were mapped to construct personal experiential themes for each case. Fifth, the same analytic sequence was completed for each transcript in turn, honouring IPA's idiographic commitment before any cross-case comparison. Sixth, group experiential themes were developed by examining points of convergence and divergence across cases.

To illustrate the analytic process concretely, in P4's first interview the extract "*kadang pagi-pagi dia nangis, 'Bunda jangan kerja'... langsung berat rasanya di dada*" generated descriptive notes (somatic localisation of guilt in the chest at the moment of morning separation), linguistic notes (the blank stare that preceded speech; the intensifier *langsung* marking immediacy; the metaphor of weight), and conceptual notes (guilt as embodied rather than merely cognitive; the child's voice as a trigger that cannot be reasoned away). These were consolidated into the personal experiential statement "guilt as a bodily signal that language cannot fully contain". Across P2 (the hand pressed to the chest when the school event cannot be attended), P4, P5 (the tremble alone at night), and P7 (the sensation of being sliced), similar personal experiential statements converged into the group experiential sub-theme Guilt as a somatic signal, which was in turn located under the broader Theme 1, Maternal Guilt as a Divine Moral Compass. All coding and theme development was reviewed and interrogated by the second and third authors, and interpretive disagreements were resolved through discussion. Analysis was managed manually using structured tables in word-processing software, following the practice of many recent IPA studies that judge sustained engagement with each transcript to be better served by direct interaction with the text than by mediation through software.

Interview Language and Presentation of Quotations

All interviews were conducted in Bahasa Indonesia and Bahasa Banjar, and analysis was performed on the original-language transcripts. Illustrative quotations are presented in this manuscript in English translation to enable an international readership, and each quotation is explicitly labelled as translated (see the (Translated, P#, W#) marker following each excerpt in the Results section).

Translation was performed by the first author (a bilingual Bahasa Indonesia/English speaker who also speaks Bahasa Banjar as her first language) and independently reviewed by a second bilingual colleague; disagreements about translation choices were resolved through discussion, prioritising fidelity to the participant's register and meaning over polished English style (Englander, 2012).

Islamic religious terms (for example *amanah*, *tawakkul*, *muhasabah*, *ikhlas*, *sabr*, *wudu*, *niyyah*) are retained in the original spelling and glossed briefly at first use, because these terms carry semantic and affective weight that no English gloss reproduces in full. Where a Banjar particle or grammatical form carries interpretive weight (for example the additive particle *jua*, or the passive-request form *dimampukan*), its function is noted in the interpretive commentary accompanying the quotation.

Trustworthiness

Trustworthiness was maintained through practices consistent with high-quality IPA (Pietkiewicz & Smith, 2014; Smith & Osborn, 2015). Credibility was supported through prolonged engagement (two interviews per participant across a five-month period), member checking (each participant received a written summary of the interpretation of her own narrative and was invited to respond; five participants confirmed the summaries without amendment, two suggested minor clarifications that were incorporated, and one requested no changes but added further reflection that enriched the second-interview analysis), and analytic triangulation through peer review by the co-authors, whose disciplinary backgrounds cover qualitative psychology, ICU nursing, and Islamic studies.

Dependability was supported by a transparent audit trail comprising interview recordings, verbatim transcripts, coded documents, and analytic memos, all maintained by the first author. Confirmability was supported by the reflexive practices described in the Positionality subsection above and by the practice of grounding every experiential theme in traceable

verbatim data across multiple cases. Transferability is supported by the thick contextual description of participants.

Ethical Considerations

The study received ethical approval from the Ethics Committee of the Faculty of Psychology, Universitas Airlangga (approval number No.932/B/UN3.FPSI/III/TA.00.03/2025). Written informed consent was obtained from each participant before the first interview, with explicit statement that participation was voluntary and could be withdrawn at any time without consequence. Interviews took place at times and locations chosen by participants for privacy. All participants are identified in the manuscript by code (P1 to P8), and identifying information such as specific hospital names, exact ward locations, and other personal details has been generalised.

RESULTS

Analysis of the interview data yielded three group experiential themes describing how Muslim ICU nurses in South Kalimantan interpret, live with, and transform the experience of maternal guilt. Table 2 presents an overview of themes and sub-themes.

Table 2. Overview of themes and sub-themes

Theme	Sub-themes
1. Maternal Guilt as a Divine Moral Compass	Guilt as a somatic signal Exposure to death as an existential mirror Guilt as a sacred reminder
2. Transformation of Guilt into Acceptance and Inner Peace	From perfectionism to the standard of <i>cukup</i> (enough) Reinterpretation through Islamic vocabulary Somatic-spiritual coping practices
3. Guilt That Reinforces a Unified Identity and Sacred Purpose	Work as <i>ibadah</i> (worship) Mothering and nursing as a double amanah Integrated identity: <i>tetap berusaha</i> (still trying)

As noted in the Methods, all interviews were conducted in Bahasa Indonesia interwoven with Bahasa Banjar; the illustrative quotations presented below are English translations of the original-language transcripts, and each is explicitly labelled as translated. Islamic religious terms and specific Banjar particles are retained in the original where they carry interpretive weight that no English gloss reproduces. Each quotation is identified by participant code (P1 to P8) and interview session (W1 for the first interview, W2 for the second).

Theme 1: Maternal Guilt as a Divine Moral Compass

For all eight participants, maternal guilt was not experienced as a diffuse emotional burden that had to be pushed away, but as a directional signal that pointed simultaneously inward into the body, outward toward the deaths they witnessed every day in the ICU, and upward toward the divine order in which they located their moral obligations.

Participants consistently described maternal guilt not as an abstract feeling but as a bodily sensation whose location they could point to, most often in the chest. P4 described the moment her youngest child begged her not to leave for work:

"My youngest, he is only three, so he is still very clingy. Sometimes in the morning he cries, 'Bunda, don't go to work, Bunda stay home.' At that moment I just [stares blankly for a while] it immediately feels heavy right in the chest. But what can I do, I have to work. Sometimes I tell him, 'Bunda has to work first, later I'll bring you a treat.' Sometimes I cry too then, but I hold it in." (Translated, P4, W1)

The blank stare that preceded her speech registered something that language could not immediately contain; the negotiation with the child ("later I'll bring you a treat") could not resolve what the body had already recorded. P4 returned to the somatic register with a sharper image later in the same interview, when describing the composure she maintained in front of her colleagues: she was, she said, "not the tough type deep down; in front of others I hold it in, but inside sometimes it feels like being sliced" (Translated, P4, W1). The verb *disayat* ("sliced open") positions guilt as a wound rather than a mood. P2 expressed the same bodily geography through gesture and through the moral self-questioning that accompanied it, placing her hand on her chest as she spoke:

"When my child said that, my heart just... [places her hand on her chest] 'oh, again I can't come.' It's not that I don't want to, but I really can't, I can't leave my shift. So sometimes it stays on my mind, even at work. I sometimes think, 'am I a good mother or not?' Because I can't always be there. That's what sometimes makes my heart feel heavy." (Translated, P2, W1)

The gesture toward the chest and the self-questioning ("am I a good mother or not?") were inseparable; the somatic signal generated the moral question, and the moral question deepened the somatic signal. P7 described the sensation at its most extreme during a three-month training in Jakarta, when her two-year-old son had to be hospitalised in Banjarmasin and she could not return: "It felt like being sliced up. At that time my child wouldn't eat unless I fed him. So I felt even more guilty: 'this is because I left him'" (Translated, P7, W1). Across the sample, guilt was not something these participants merely thought about; it was something they carried in their chests and located precisely within their bodies, a lived sensation that could not be reduced to a mere idea and that demanded to be read for its meaning.

The reading that participants gave this guilt did not stop at the family; it passed through the ICU itself, where daily proximity to dying patients turned every shift into a mirror in which participants saw their own families. P4 described how the death of a young mother returned her irresistibly to her own children, and how the resulting emotional spillover was regulated through a specific act of prayer:

"Sometimes it becomes emotional too, it gets carried home. For instance, there was a young patient who died, she had a small child. And when I got home, I looked at my own small child, and I cried too. I could just imagine what it would be like if I were in that position. But usually I don't let it become a heavy burden at home; usually I just pray, 'O Allah, please don't let this happen to my child.' That alone is enough to calm me. [looks down briefly, small smile]" (Translated, P4, W1)

The prayer here is not consolation applied after the fact; it is the mechanism by which the emotional carry-over is bounded, so that the ICU's images do not overwhelm the family space. For P6, becoming a mother had changed how patients appeared to her:

"When I see a patient, sometimes I think, 'does this person have a child at home, family?' If a patient dies, I sometimes think about the child, about the wife. Because I have a child now too" (Translated, P6, W1).

From this proximity she drew a direct existential lesson: "Maybe I'm more aware of life. Age can't be predicted. You leave for work in the morning; there's no guarantee you'll come home again" (Translated, P6, W1). P7, whose parents had both been killed in an unsolved case

such that the ICU carried a distinct triggering resonance, articulated the same lesson through the vocabulary of Islamic awareness of mortality: "I keep thinking, 'life is so very short'" (Translated, P7, W1). In this reading, guilt was not merely the working mother's sense of insufficiency; it was an echo, in the body of the nurse-mother, of every death she had accompanied professionally.

The third and most integrative movement of this compass was participants' interpretation of guilt itself as a device of divine reminder. P2 articulated this most explicitly in the second interview:

"Yes, maybe Allah gives me this guilt not to torment me, but so that I don't forget. Don't forget about my child, don't forget about my family." (Translated, P2, W2)

Guilt here is neither a pathology to be dispelled nor a punishment to be endured, but a protective signal sent to guard against forgetfulness. P2 extended this reading with a prayer that emerged inside the ICU itself, watching another family's grief:

"When I see a paediatric patient with the parents crying outside, I sometimes immediately think of my own child. Right there in my heart I sometimes pray, 'O Allah, don't let me be negligent with my own child'" (Translated, P2, W2).

P1 reached a parallel conclusion, reading guilt as a two-way regulator that oriented her attention toward whichever domain she was currently neglecting: "If I get too focused on work, that feeling comes to say 'you have a child at home.' But if I get too absorbed at home, there's also that feeling of responsibility to the ICU. So that feeling is sometimes just like a reminder" (Translated, P1, W2). P4 articulated the same reading through the language of love: "I think guilt is part of love too. Because we love, that's why we feel guilty when we can't always be present" (Translated, P4, W2). This reinterpretation does not remove guilt from these women's lives; it changes guilt from a symptom of failure into an instrument of orientation.

Theme 2: Transformation of Guilt into Acceptance and Inner Peace

If Theme 1 showed how participants read maternal guilt as a divine compass, Theme 2 shows how they lived with it, moving from initial positions of self-blame and perfectionism toward a state they variously described as *cukup* (enough), *ikhlas* (wholehearted acceptance), and at peace. This transformation emerged through the Islamic vocabulary already available to them and through small embodied ritual practices.

Early in the study, several participants held a clear ideal-self image of the "good mother" shaped by external references, and were candid about how they measured themselves against it. P4 offered a definition of the good mother that was substantive but immediately followed by a description of how she herself failed to match its softer register:

"Hmm, a good mother... if I think about it, a good mother isn't the one who's perfect, but the one who keeps trying to be present. A mother who's patient, who can listen to her child, who even when she's tired can still hug her child. But that's it, sometimes reality isn't that easy. I'm just not the very gentle kind of mother on TV, like Nikita Willy [an Indonesian celebrity known for her soft-spoken maternal image] [small laugh], there's no way I could be like that. I'm firm; sometimes when my child doesn't want to study I can get angry, I can grumble. But not because I don't love him, precisely because I do." (Translated, P4, W2)

The small laugh marked a critical distance from the celebrity ideal that P4 had not previously possessed, and the reframing of anger as an expression of love ("not because I don't love him, precisely because I do") signalled the reorganisation of her maternal self-understanding around effort and care rather than around a soft-spoken template. P2 located her early image in a different register: "Like in those advertisements [small laugh]. If I couldn't be like that, I would immediately feel like a failure" (Translated, P2, W2). What participants moved toward was not a lower standard but a differently shaped standard, that of cukup ("enough"). P1 articulated this transition directly during her second interview:

"[long silence, thinking] Perfect... perfect would maybe mean being able to work without feeling guilty, being with my child without feeling I'm neglecting work. But that seems difficult. So now I think more realistically: it's enough if I can carry both with ikhlas, being with my child, my child healthy." (Translated, P1, W2)

The move from "perfect" to *ikhlas* takes place in a single breath and represents, in its most compressed form, the entire arc of this theme. P2 arrived at the same standard through concrete permission to leave things undone: *"Before I really wanted to be perfect, wanted everything sorted. But now I'm learning: being a mother is being human too. Sometimes the house is messy, sometimes the children's homework isn't done, sometimes I'm tired and just want to sleep, and that's okay"* (Translated, P2, W2). The three-word closing phrase and that's okay compresses a full reorientation. P3 arrived at a parallel resolution: *"I'm learning to accept that I'm an ordinary human"* (Translated, P3, W2).

The reinterpretation that enabled this movement drew consistently on vocabulary made available by the participants' religious tradition. Four terms recurred across the sample, each doing particular interpretive work: *sabr*, *ikhlas*, *tawakkul*, and *amanah*. P2 conveyed the transformative function of these terms simply: "Sometimes tired, sometimes feeling wrong, but I learn from it too, learning sabar, learning ikhlas" (Translated, P2, W1). Sabar and ikhlas here were framed not as static virtues but as objects of ongoing learning.

P3's second interview offered the most striking example of Islamic reinterpretation, in which the ritual of ablution and a single Banjar particle together carried substantial interpretive weight:

"I usually go to the mushola [prayer room], take wudu, take a breath. The water of wudu is like it lowers the heat in the chest. Sometimes I say to myself, 'I'm working now, this is also amanah.'" (Translated, P3, W2)

The metaphor of the water "lowering the heat in the chest" places the transformation in the body, not merely in cognition; the ablution regulates a physiology that verbal reframing alone would not reach. The single Banjar particle *jua* ("also") in "this is also amanah" does more work than it appears: in her first interview, P3 had framed her ICU work as tanggung jawab (responsibility); by the second, that work had been elevated to amanah, a sacred trust from Allah, and the word *jua* placed mothering and nursing side by side within the same sacred category rather than making them competitors. P1 reached a similar resolution through *tawakkul*:

"As long as I'm at work, I pray that my child is always in Allah's care. I ask to be enabled [dimampukan] to be with him, even if it may feel less than maximal, but I try my best" (Translated, P1, W2).

The passive-request form *dimampukan* is theologically precise: P1 does not ask Allah for a perfect outcome but for the capacity to try. This reinterpretation was embodied in ritual practices performed at particular moments of peak intensity. P4's repertoire showed the same two-phase pattern that recurred across the sample, a withdrawal into solitude followed by physical reconnection:

"Usually I stay silent first. I go into the room, just sit quietly, evaluate myself. Once it feels a bit lighter, only then do I talk to my husband. Sometimes I hug my child, and it feels like half the tiredness is gone." (Translated, P4, W2)

The hug here is not sentimental; it is somatic regulation, and P4 named precisely what it did: half the tiredness was gone. P6 described the corresponding entry-side ritual, performed before rather than after the shift:

"Before starting work, I usually say in my heart, 'O Allah, I'm working today.' [takes a breath] Not just to earn a living, but also to help others. I intend my work as ibadah. So that my heart is calmer." (Translated, P6, W1)

This is the Islamic practice of *niyyah*, the formal setting of intention, performed as an entry ritual that turned the act of clinical work into an act of worship. Participants did not experience these practices as sufficient in themselves. P6 captured this with the calmest formulation: *"It doesn't disappear. But it can be carried more lightly"* (Translated, P6, W2). The transformation does not eliminate guilt; it changes participants' relation to it, converting a burden that could not be lifted into one that could be borne.

Theme 3: Guilt That Reinforces a Unified Identity and Sacred Purpose

Theme 3 shows the position that some participants reached: not merely a truce with guilt but a unified identity in which mothering and nursing no longer competed but were held together within a single religious frame of sacred purpose.

By the second interview, several participants' framing of work had been overlaid with a religious framing that placed nursing itself as an act of *ibadah* with its own spiritual weight. P5 extended this framing into a term with greater theological weight, *amal jariyah*, flowing charity whose reward continues after the giver's death:

"Sometimes I think, maybe this is indeed the path. I work caring for the sick; at home I care for my child and my mother. I hope this becomes my amal jariyah." (Translated, P5, W1)

The three caring relations (patient, child, mother) were not experienced as competing burdens but as three streams of a single act. P2 arrived at a similar reinterpretation precisely at the point where her guilt about work was most acute; the fact of working away from her children was itself reinterpreted as devotion to them: *"Sometimes when I'm very tired, just looking at my children's faces melts my heart. I say in my heart, 'they're the reason I work.' So even though I'm sad, I think this is part of my ibadah too, working for them, for their future"* (Translated, P2, W2). P4's final formulation closed the same movement in the register of exhaustion: *"I'm grateful for work that can help others, even though it tires me. Sometimes I say to myself, 'my tiredness has meaning'"* (Translated, P4, W2). The phrase *my tiredness has meaning* is not martyrdom; it is the transformation of a flat bodily fact into a phenomenon that carries meaning.

For several participants, resolution came through the recognition that both mothering and nursing were forms of *amanah*, sacred trusts placed by Allah, so that fulfilling one did not mean

abandoning the other in the moral order. P3 consolidated this shift in identity terms at the close of her second interview:

"Accepting that I can't be perfect. I am a mother who works, not a mother who is always at home. But I am still a mother." (Translated, P3, W2)

The closing phrase but I am still a mother carries the entire theme in its most compressed form. Imperfection did not disqualify her identity; the condition of being at work did not cancel the condition of motherhood. P4 offered the fullest articulation of the integrated identity, framed as the message she wanted her children to know:

"I just want them to know: mother always tries. Sometimes wrong, sometimes angry, sometimes tired, but mother always loves. Love isn't just words, but small acts: cooking, hugging, praying, smiling when I come home from work. All of that is love. It's okay not to be perfect; what matters is continuing to try." (Translated, P4, W2)

The passage collapses the earlier oppositions (perfect versus failing, sacrificing self versus sacrificing child) into a single positive standard: keep trying. P3 reached the same formulation as her own summary: *"I am just an ordinary woman, working, being a mother, tired, sometimes wrong, sometimes doubting. But I keep trying. That's all"* (Translated, P3, W2). The consistency of the phrase *tetap berusaha* ("still trying") across otherwise diverse narratives becomes meaningful. Effort, sincerity, and learning, this triad recurred as the settled identity these women articulated.

Two features characterise this integrated identity. First, the direction of causation has reversed. In the early phases, guilt threatened identity; in the integrated position, guilt reinforces identity, standing as the sign that mothering matters, that nursing matters, and that both are held within a moral order. Second, the ICU itself, the site that generated the most acute guilt, became the site of the deepest existential learning. P4 articulated this most fully:

"Yes, that's right. I feel that in the ICU it's not just work but also learning. Every patient is like a mirror. I see myself in them. Sometimes it's a young patient with a small child, and I immediately remember my own children. Sometimes it's an elderly patient, and I remember my parents. So every shift, I'm also reflecting: 'if I were in their position, would I be ready?' That's what makes me now pray more, speak more carefully, value time more." (Translated, P4, W2)

The ICU here was not a source of harm to be recovered from; it was a mirror in which the participant's own life became visible to her, and each shift enacted a small reckoning with mortality that carried directly into how she spoke, prayed, and valued her time. P1 named the corresponding spillover into her mothering: *"It feels more sensitive, but also more human"* (Translated, P1, W2). Motherhood made her a better nurse; nursing made her a more attentive mother. The two identities fed each other within a single religious horizon in which both were held as sacred.

DISCUSSION

The literature on maternal guilt among nurse-mothers has largely treated religiosity as a buffering variable that reduces distress, without examining guilt itself as a generative experience that religious meaning-making can reinterpret rather than merely attenuate (Aarntzen et al., 2019, 2023; Constantinou et al., 2021). This gap is most consequential in

professional caregiving contexts such as ICU nursing, where moral distress and role conflict are most acute, but its intersection with Islamic frameworks of meaning has been sparsely examined empirically (Henrich et al., 2017; Wu et al., 2022).

Prior quantitative work has documented elevated maternal guilt among nurse-mothers working under demanding shift conditions (Öke Karakaya et al., 2021; Sánchez-Rodríguez et al., 2019), but the interpretive process by which such guilt is transformed has not been phenomenologically examined among Indonesian Muslim ICU nurses. This study addressed that gap through two rounds of in-depth interviews with eight Muslim ICU nurse-mothers in South Kalimantan, tracing a three-phase trajectory in which maternal guilt is read as a divine compass, transformed through ikhlas and embodied ritual into acceptance, and ultimately integrated into a unified identity that holds mothering and nursing together as a single sacred purpose.

The first theme, guilt as a divine moral compass, extends existing accounts of maternal guilt in two directions. It confirms cross-cultural findings that maternal guilt among nurse-mothers is intensified by exposure to patient suffering and by the moral weight of professional responsibility (Öke Karakaya et al., 2021; Wu et al., 2022), and it is consistent with recent work identifying the emotional labour of ICU nurses as somatically registered rather than merely cognitive (Henrich et al., 2017). What it adds is a theological reading of guilt that has not previously been articulated in this literature.

Participants did not describe guilt as a symptom of failing to meet a maternal ideal, but as a signal to be interpreted, an embodied signal anchored in the chest and echoed through daily proximity to patient death, opening a religious hermeneutic that positioned guilt as reminder rather than pathology. This reading resonates with the Islamic understanding of guilt as part of muhasabah (self-examination) and taubah (repentance), in which moral discomfort is a mechanism for spiritual reorientation given by Allah, not an affect to be dispelled (Achour et al., 2016; Khosravi, 2018). Participants' recurring formulation that guilt is "part of love" and a "reminder" rather than an enemy shows that, when guilt is placed within such a framework, it can be lived with without the corrosive self-blame that has been reported in accounts of maternal guilt where such a framework is absent (Eltaiba, 2024).

The second theme, transformation of guilt into acceptance, clarifies how religious coping actually works in this population. Islamic coping literature has identified sabr, tawakkul, salat, dua, and dhikr as core mechanisms through which Muslims regulate distress and make meaning (Achour et al., 2016; Al Eid et al., 2020), but such accounts often treat these constructs as tools applied externally to a distressing experience. Our findings suggest a different mechanism: Islamic vocabulary redescribes the experience of guilt from within, so that the language participants use to name their condition is already the language of its transformation.

One participant's move from "perfect" to ikhlas in a single sentence, and another's reinterpretation of ICU work as amanah rather than mere responsibility, illustrate that transformation here is not a therapeutic technique but an ontological repositioning within an interpretive horizon already available in the tradition. This resonates with self-discrepancy theory, in which psychological distress arises from gaps between actual and ideal self-representations (Higgins, 1987), but points to a resolution that works not by lowering the ideal or raising the actual, but by redescribing the ideal itself in religious terms. It is also consistent with intervention studies showing that Islamic spiritual-religious training can reduce guilt in Muslim mothers by working with, rather than around, religious meaning (Mazruei et al., 2024), and with quantitative evidence linking religiosity to resilience through cognitive reappraisal (Al Eid et al., 2020; Dolcos et al., 2021; Schwalm et al., 2022).

The embodied ritual practices reported by participants, wudu performed between shifts, niyyah whispered at the ward threshold, the hug of a child at the door, deserve particular attention. These practices integrate cognitive reinterpretation with bodily regulation in ways

that do not fit cleanly into purely psychological or purely religious categories. They resemble what has been theorised as the mind-body integration of Islamic worship practices such as salat and dhikr, where spiritual meaning is lived through the body rather than only thought (Nor, 2023; Saniotis, 2018). The consistent finding across narratives that these practices did not remove guilt but made it "possible to carry" challenges research paradigms that measure religious coping by distress reduction. This may partly explain the observation among Indonesian Muslim nurse-mothers that heavy reliance on religious coping does not always translate into measurably lower burnout (Febriyani et al., 2025): what religious coping achieves may be not a reduction in the affective load but a transformation of its interpretive weight.

The third theme, guilt that reinforces a unified identity, contributes distinctively to the broader literature on maternal identity among Muslim women. Existing work on idealised motherhood has emphasised the tension between prescriptive maternal ideals and lived experience, and has documented mental health consequences when women measure themselves against impossible standards (Henderson et al., 2016). Our participants both confirmed this tension and moved beyond it. They explicitly named externally derived ideal self-images (the gentle celebrity model, the "advertisement mother") and articulated the intra-psychic pressure that these ideals generated. Yet the resolution they reached was neither rejection of these ideals nor their internalisation; it was their displacement by a self-description as an ordinary woman who is tetap berusaha, held within a religious frame that honoured ordinary effort as sufficient.

This formulation converges with qualitative findings from Muslim women across various difficult life circumstances (Aydın et al., 2025; Daulay et al., 2025; Moreno-Ávila et al., 2023). Importantly, guilt did not disappear in this integrated identity; it was repositioned precisely as the sign that the double amanah of mothering and nursing matters. This reversal extends prior work on double-duty caregiving among nurses who care for both family members and patients (Basley et al., 2024; Cottingham et al., 2020) by showing that, in this population, the conditions that generate the most acute guilt also generate its transformation into sacred purpose.

Implications

These findings have implications for how Islamic guidance and counselling practitioners work with Muslim women in demanding caregiving professions. Rather than treating maternal guilt as a symptom to be reduced through generic coping techniques, practitioners can invite clients to explore how their guilt may already sit within an Islamic hermeneutic that reads such affect as a call to muhasabah rather than as a sign of failure (Khosravi, 2018). The distinct strength of Islamic vocabulary (ikhlas, tawakkul, amanah, niyyah) as an interpretive framework suggests that counselling interventions drawing organically on such vocabulary are likely to be more culturally resonant and clinically effective (Komariah et al., 2020; Mazruei et al., 2024). The findings also suggest that embodied practices such as wudu, dhikr, and brief niyyah rituals performed at moments of transition can function as accessible micro-interventions that integrate cognitive, spiritual, and somatic regulation (Nor, 2023; Saniotis, 2018). For institutional stakeholders, this study underscores the importance of recognising the double burden borne by Muslim nurse-mothers and of providing scheduling flexibility that supports, rather than obstructs, the religious practices that are sources of their strength.

Limitations and Future Directions

Several limitations should be noted. First, the sample was drawn from a single regional context (South Kalimantan) and comprised nurses who had reached sufficient accommodation with their dual roles to remain in post; nurses who have left ICU work because of the maternal guilt burden are not represented, and their experiences may differ substantially. Second, although the two-session interview design supported depth of interpretation, a longer longitudinal design would allow examination of how the trajectory from guilt to integrated

identity unfolds over years. Third, the study focused on Muslim women in a Muslim-majority setting saturated with culturally embedded Islamic vocabulary; the mechanisms identified here may function differently for Muslim nurse-mothers in minority contexts. Fourth, the first author's partial-insider position facilitated access to religiously framed meanings while preserving analytic distance, but co-analysts with ICU nursing backgrounds could surface dimensions of clinical experience that may be less accessible to the current analysis.

Future work could usefully compare the trajectory identified here with Muslim nurse-mothers in different clinical specialties (for example paediatrics, palliative care) where the moral texture of everyday work differs, and could test whether interventions organised around the framings of *ikhlas*, *amanah*, and *tetap berusaha* produce measurable change in well-being outcomes.

CONCLUSION

Maternal guilt among Muslim ICU nurses in Indonesia has been documented in its prevalence but not in its meaning; this study traced how eight women interpret, live with, and integrate that guilt within an Islamic spiritual framework. Findings show that for participants, guilt is not an affect to be dispelled but a signal read as a divine instruction, anchored in the body, echoed through daily proximity to patient death, and heard as reminder rather than punishment. Over time, and drawing on Islamic vocabulary already available to them, participants moved from perfectionist standards toward the standard of enough, transformed guilt through *ikhlas* and embodied ritual practices such as *wudu* and *niyyah*, and arrived at an integrated identity in which mothering and nursing are held together as a double *amanah* under a single sacred horizon. The ordinary woman who is still trying becomes sufficient within this frame, and guilt itself is repositioned from a sign of failure into a sign that the sacred trust of both roles matters. These findings contribute to a more culturally grounded understanding of maternal well-being and religious coping in professional caregiving contexts in Muslim societies, and invite Islamic guidance and counselling practice to work alongside the interpretive resources that already shape Muslim women's lived experience.

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AUTHOR CONTRIBUTION STATEMENT

YH designed the study, conducted all interviews, led the analysis, and drafted the manuscript. NH contributed to the analytic framework and to the interpretation of themes from a qualitative psychology perspective. NS contributed nursing expertise to the interpretation of ICU-specific dimensions. WN contributed Islamic studies expertise to the interpretation of religious vocabulary and the theological reading of themes. All authors reviewed and approved the final manuscript.

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