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Determinants of Work-Related Stress among Nursing Professionals

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ABSTRACT

The work environment is one of the significant factors causing work-related stress. Supervising work-related stress is crucial as it is associated with the arousal of diseases, low productivity, and occupational calamities. This article aims to explore the concept of work-related stress and its determinant in nursing to understand this phenomenon. We used qualitative research methodology to examine work-related stress antecedents among nurses in public sector hospitals. Ten semi-structured interviews were conducted with nurses, and themes were extracted. An interpretive approach was applied for data analysis. Criticism and abuse from physicians, violence from colleagues, violence from patients, unmanageable workload, unpredictable staffing and scheduling, and gender discrimination are the primary sources of stress for nurses in public sector hospitals. Nurses experience stress ascending from the work environment's psychological, physical, and social facets. Stress reduces performance capacity, low efficiency, and lack of concern for colleagues and the organization.

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1. Introduction

In literature, job, occupational, work-related, and work-stress concepts are undifferentiated. Stress at work is often stated as a mental illness or injury. Workplace health and job stress have become great subjects of concern in the last decade. Identifying the significance of work, the existing modifications disturbing the work nature, and the total time expended at work, it is not astonishing that work stress seems to grow in this society (Szymanski, 1999). Therefore, work is crucial in people's lives and significantly impacts their sense of identity and well-being (Dekker & Barling, 1995). The identity of individuals is a function of their authenticated social roles, mainly those related to occupation. Work-related stress usually occurs when people and the work environment are incompatible. Work stress is 'the injurious physical, mental, and emotional reactions that happen when job demands, and necessities do not match the employee capabilities' (National Institute for Occupational Safety and Health, 1999). Rohleder (1993) defined stress as 'the psychological and physiological response that arises when individuals consider imbalance between the demand and responsibility required from them and their capability to fulfill that demand'.

Black and Hawks (2009) described that workplace stress's emotional and physical outcomes adversely affect individual health. The authors pronounce the individuals' physical responses to stressful situations as increased heartbeat and blood pressure, tightness, pain in neck and shoulder muscles, headaches, palpitations, gastrointestinal distress, chest discomfort, and fatigue. Harris (2001) argues that when the stress is short-lived, the pressures experienced by the individual reduce, and they quickly return to normal behavior. On the contrary, intense and enduring pressures result in long-term psychological and physical health illnesses. Consistent and long-term exposure to stress leads to specific physiological changes and conditions, such as hypertension, heart disease, depression, diabetes, and immune destruction.

To a certain point, stress is healthy and necessary for accomplishing challenging goals and improves individuals' performance and quality of life (Tehrani, 2009). In extreme situations, stress becomes harmful and losses its beneficial effects (Cooper, 1998). Stress is the reaction of individuals when they cannot cope with extreme pressures or other types of demands (Lazarus & Folkman, 1984). Stress is not an illness; it is a state that individuals experience because of exposure to excessive job demands. It results in unfavorable outcomes such as health problems, illness or injury, behavior, and lifestyle. Occupational stress increases financial risk for business organizations because of low productivity or compensation payments for stress-related injuries (Tehrani, 2009).

The healthcare system of Pakistan seems to be underprivileged and still faces a shortage of nursing staff, resulting in poor-quality patient care. Nevertheless, in Pakistan, the demand for nurses is still greater than the supply to the healthcare sector. The one primary cause for the shortage of nurses in the healthcare sector is the stigmas attached to this noble profession. Generally, the nursing profession is considered an opportunity for the low-status or less-privileged class. Hamid et al. (2016) found that in public sector hospitals in Pakistan, nurses work in subordinate positions and do not enjoy autonomy in their profession. The shortage of staff, stereotypes regarding the nursing profession, insufficient medical equipment, and poor administration and support result in stress, conflict, poor professional care, and compromised patient safety. Therefore, the problem statement is 'in Pakistan, the nursing workforce shortage has impacted the healthcare sector. Nurses are not respected like doctors and experience stress due to the work environment's psychological, physical, and social facets. So, the need is to investigate the nature of this work-related stress and its causes contributing to the low quality of patientcare'. These stress factors affect their psychological well-being by directly contributing to job dissatisfaction, low quality of patient care, absenteeism, burnout, and turnover.

Hence, this study aims to explore the important factors that cause work-related stress among nurses working in public sector hospitals. Psychological, physical, and social facets of the work environment contribute to distress in the nursing profession, threaten patient safety, decrease nurses' morale, and increase nurse turnover. This study is essential to truthfully address this issue inside the social formation of public sector hospitals in the best interest of patient safety and care. Furthermore, this study will help to develop a healthy and peaceful work environment for nurses. They need a healthy and peaceful work environment to exercise their basic and professional rights, freedom of thought and discourse, and to maintain their dignity and self-respect.

2. Literature Review

2.1. Job Demands-Resources Theory

The job Demands-Resources model explains the impact of the organizational environment on employee well-being and performance (Bakker & Demerouti, 2017). During the last three decades, many studies showed the profound effect of job characteristics on employee well-being (e.g., burnout, job stress, work engagement). Researchers (Doi, 2005; Halbesleben & Buckley, 2004) found that job demands, for instance, role ambiguity, high work pressures, and emotional demands, may cause fatigue, sleeping disorders, and poor health. However, job resources, for instance, autonomy, performance feedback, and social support, may initiate a motivational process resulting in work engagement, job-related learning, and organizational commitment (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001; Salanova, Agut, & Peiró, 2005).

Job Demands-Resources theory proposes that job characteristics of all employees working in various sectors (e.g., finance, academia, manufacturing, or transport) can be classified into job demands and job resources. Job demands are job aspects associated with psychological and physiological costs and require sustained effort (Bakker & Demerouti, 2017; Demerouti et al., 2001). Examples include complex tasks, high workload, bullying, and conflicting demands from managers and clients. Job resources refer to the job aspects that help employees to minimize job demands and related costs, achieve their work-related goals, and motivate personal growth and development. Examples include having autonomy to decide whether to work at the office or from home, social support from colleagues, and opportunities for promotion and career development (Demerouti et al., 2001). Job resources such as performance feedback, skill variety, and social support motivate job characteristics that satisfy employees' psychological needs, such as the need for autonomy, competence, and relatedness (Deci & Ryan, 2013).

The second proposition of Job Demands- Resources theory describes the unique and independent effects of job demands and resources on employee well-being. Demerouti et al. (2001) argued that job demands may negatively affect employee well-being by instigating a health-impairment process. This happens when exposure to a daily workload converts into a prolonged workload over a long period. In this situation, because of protracted exhaustion, job demands may eventually lead to physical health issues (cardiovascular diseases). Moreover, Maslach and Leiter (2008) argued that extreme workload results in constant overstraining and the end, in burnout. Burnout occurs when someone is distrustful about the significance of their job and uncertain about their capability to perform. Burnout is conceptualized as a prolonged stress disorder, together with prolonged feelings of exhaustion, reduced professional efficacy, and a negative attitude toward work (cynicism). People who experience job burnout are no longer interested in contributing positively to their jobs. Exhaustion refers to consistent tiredness, draining of energetic resources, and prolonged fatigue. Employees with feelings of cynicism isolate themselves from work and develop negative and hostile attitudes toward their colleagues at work. Reduced professional efficacy results in a decline in one's sentiments of competency and successful accomplishment at work (Maslach & Leiter, 2008). Bakker (2014) argued that their personal and job resources become insufficient to meet job demands.

Burnout can be best understood by a scale that ranges from acute fatigue after a day of hard work to persistent and severe fatigue and related issues, such as cognitive problems, impaired mood and mental distancing from work after a long time of experience of high job demands. Employees who experience burnout feel exhausted and exploited by the same job they were so excited about (Leone, Huibers, Knottnerus, & Kant, 2008; Schaufeli, Leiter, & Maslach, 2009). In comparison, Schaufeli & Bakker (2004) described that job resources instigate a motivational process, provide meaning, and satisfy the employee's basic needs. Therefore, job resources motivate employees by positively contributing to work engagement, such as dedication, a fulfilling state of vigor, and absorption. The higher the job resources, the higher the motivation leading to increased work engagement. Bakker and Demerouti (2017) argued that work engagement refers to a mental state where people are excited about their work (dedication), feel energetic (vigor), and are so engrossed in their work assignments that time seems to fly (absorption). In the end, job strain leads to lower job performance because of being burned out, whereas motivation leads to higher job performance because of being engaged.

The third proposition of the Job Demands-Resources theory describes that job resources can mitigate the negative strain caused by job demands. Although job demands and job resources affect employee well-being independently, they also interact with each other. Job resources help employees to cope with job demands. Some scholars believe that specific job demands should align with job resources; for instance, emotional job resources will align with emotional job demands (De Jonge & Dormann, 2006). Bakker and Demerouti (2017) defined job resources as the psychological, social, physical, and organizational aspects of a job that support the achievement of work goals and encourage personal growth and development of employees. When job resources such as autonomy, social support, and skill variety are deficient, work begins to drop its significance and thwarts satisfaction of innate psychological needs.

Burnout is less strongly (negatively) related to job resources than job demands. However, cynicism consistently correlates negatively with job resources (Demerouti et al., 2001). Employees lose interest in work and develop negative attitudes when they do not receive regular feedback, have insufficient control, and cannot grow professionally. On the contrary, job resources can satisfy their psychological needs and mitigate the effect of job demands on burnout. Emotional demands, workload, physical demands, and work-home interference resulted in low levels of burnout when employees received feedback, professional job autonomy, developed a high-quality relationship with their supervisor, or had access to social support (Bakker & Demerouti, 2017). Job resources facilitate healthy and efficient coping with job demands and weaken the association between job demands and burnout (Lesener, Gusy, & Wolter, 2019; Xanthopoulou, Bakker, Demerouti, & Schaufeli, 2009).

The fourth proposition takes the Job Demands-Resources theory one step forward and suggests that when job demands are high, job resources specifically impact motivation and work engagement. When the job demands are very challenging, performance feedback, autonomy, skill variety, and task identity become significant. Hobfoll (2001) argued that psychological or

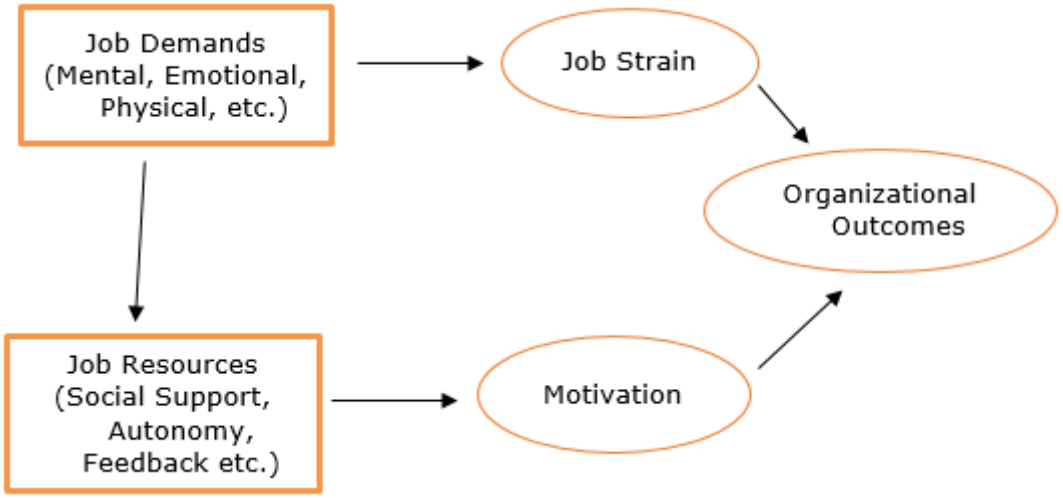
tangible resources become important and predominantly valuable when required. Employees can use their skills, autonomy, and sense of prosocial behavior to deal persistently with job demands when confronted with extreme workloads and emotionally demanding clients. Research regarding Finnish dentists and teachers found that job resources such as innovativeness, skill variety, and appreciation predict work engagement when job demands are high (e.g., unfavorable physical working environment, pupil misbehavior). Therefore, job resources are predominantly motivating and valuable when required.

The fifth proposition of the Job Demands-Resources theory describes that personal resources such as self-efficacy and optimism contribute similarly to job resources. Personal resources denote employee beliefs related to their control over the work environment. Employees with high optimism, resilience, and self-efficacy believe they can manage unexpected events and that good things will occur. Employees with such beliefs actively approach their job demands and effectively cope with them. Bakker (2014) found that healthcare nurses with emotional states of optimism and self-efficacy feel engaged in their work.

Consequently, they can convert emotionally demanding relations with their patients into challenges. Moreover, the realization that nurses have many personal resources can better cope with future hindrances and job demands such as conflicts and bureaucracy. Although employee well-being is the center stage of the Job Demands-Resource theory, predicting employee behavior and organizational outcomes (Productivity, absenteeism, client satisfaction, and organizational Citizenship Behavior) is another important goal of this theory.

The sixth proposition of the Job Demands-Resources theory describes the positive impact of motivation on job performance and the negative effect of job strain on job performance. Motivation encourages employees to concentrate on goal direction and apply all their cognitive and energetic resources to the tasks. In contrast, job strain undermines the ability to focus and impairs job performance. Chances of making mistakes increase when employees feel anxious or exhausted, negatively impacting job performance (Bakker, Van Emmerik, & Van Riet, 2008). Researchers found that employees who experience work engagement focus all their attention on the task and perform better (Hopstaken, Van Der Linden, Bakker, & Kompier, 2015). Furthermore, Xanthopoulou et al. (2009) found that the predictive validity of job resources, work engagement, and financial gains increase with personal resources. When employees increase personal resources such as optimism, resilience, self-efficacy and hope, their well-being and job performance are likely improved (Lupșa, Vîrga, Maricuțoiu, & Rusu, 2020). Therefore, employees experience low levels of job stress and burnout when they are optimistic and have access to many personal resources.

Figure 1: Job Demands-Resources Model



Source: Bakker & Demerouti (2007)

2.2. Determinants of Workplace Stress in Nursing Profession

Gray-Toft and Anderson (1981) developed Nursing Stress Scale (NSS) by identifying three main stress determinants: psychological, physical, and social environment. They concentrated on specific situations causing stress for nurses and affect their work performance. Hingley and Cooper (1986) described everyday stressors among nurses as role conflict, relationship with

senior staff, career stress, work/ family conflict, and resource management. Similarly, other factors identified as stressors for nurses included workload, responsibility, physically strenuous tasks, overtime, work assignments of absent colleagues, shift work, responsibility for training, interpersonal conflicts, unpredictability and insecurity, and adjustment to change (Fitter, 1987). Cooper (1998) described violence as a result of the inability to cope with stress and emotional or psychological instability. Furthermore, stress arises in emergency rooms because of the risk of physical violence against nurses and other clinical personnel. Tyler & Cushway (1992; 1995) found potential causes of stress amongst nurses and reported that workload associated with environmental concerns, including insufficient staff and inadequate deadlines to complete the work assignments, is supposed to be the commonly occurring stressors at the workplace. Blair A (1995) highlighted work relationships as prospective stressors. Lack of staff support and conflicts with colleagues are the primary sources of stress in this field.

Sylvia (1995) argued that nursing professionals face more stressful situations due to the demands of the job and nurses are more exposed to stressful factors including role conflict, role ambiguity, and substantial work demands compared to other professions. In the USA, a survey of 308 nurses was conducted, and findings revealed that many job assignments and short time, insufficient staffing, lack of understanding and support from supervisor, and incapability to fulfill patient requirements were explored as significant sources of stress amongst nurses. Santamaria (1995) described that the nursing profession is well-known for its unsocial work environment and irregular working hours because of uncertain staffing and work schedule. Shift work is also additional hardship for nurses, mainly working evening and night shifts, as they must provide healthcare services in demanding interactive circumstances and complex working environments.

Stress in the nursing profession has also been identified as related to fears about job security and stability, self-esteem issues, and work dynamics. Poorly organized work, such as imperfect work systems and work design, can also be a source of work stress. Other sources of stress exterior of the workplace may include work-family conflict for those professionals who have to care for their young children (Lu, Shiau, & Cooper, 1997). Johnstone (1999) described lack of medical equipment, experienced nursing staff, additional non-nursing tasks, work overload and insufficient opportunities for training advanced medical expertise and technologies, and unsupportive organizational culture and design as the major causes of workplace stress for nursing professionals. In Victorian and regional institutions of Australia, Healy and McKay (1999) found workload, insecurity with treatment, dealing with medical emergencies, personal conflicts with co-workers in professional relationships, lack of administrative support to cope with emergencies, and unexpected worsening of patient's condition were some of the highly ranked sources of stress among nursing professionals.

McConnell (2000) has identified health, family, intellectual, financial, spiritual, social, and professional issues as stress factors for nurses. Recent studies revealed that nursing professionals face more stressors due to increased responsibilities in today's progressing healthcare system. It became tough and challenging for nurses to fulfill the job requirements related to their changing title roles, including managing resources and finances and as experienced interpreters (Schroeder & Worrall-Carter, 2002). European Organization for Safety and Health (2002) identified inadequate temperature levels, lighting, and wrong ventilation as potential work-related stressors. By nature, the nursing profession is stressful due to the disclosure of many potentially distressing conditions and situations.

In literature (Apker, Ford, & Fox, 2003; McVicar, 2003), the consistently recognized stressors for nursing professionals include work overload, obligations and problems related to the requirements of existing work environment, calls to accomplish excessive non-nursing assignments, uncertain staffing and scheduling, and demand for decision making under stressful situations. In literature (Huang, 2004; Uzun, 2003), other factors that have been recognized as stimulating stress among nurses involve fear of being discriminated against or isolated due to race and ethnic origin or being a target of sexual harassment by healthcare professionals or other nursing associates. Moreover, feelings of helplessness and serving a suffering patient just in case there is no improvement in the patient's condition or who may be dying also provoke depression among nurses. Other stressful situations for nurses include fatigue, insufficient time to emotionally support suffering patients, clashes with immediate supervisors, and condemnation by doctors (Huang, 2004).

Mostly, new nurses are about to face more difficult times as they experience some specific stressors during their transition period to the role of registered nurses (Casey, Fink, Krugman, & Propst, 2004; McVicar, 2003). Moreover, new nurses may experience additional stressful situations such as job relocation or loss, distress of failure when performing nursing responsibilities or tasks, fear of hurting patients or making mistakes while performing painful treatments and procedures on the patients, and feeling insufficiently organized and helpless to provide emotional support to patients and their families (Kermode & Gillespie, 2003).

Yıldırım (2009) undertook a descriptive study to find the nature and frequency of bullying behaviors experienced by nursing professionals working in the healthcare setting and its impact on clinical practice and the level of depression of nurses. The sample included 286 registered nurses practicing in a teaching hospital. Data was collected through a questionnaire. Findings indicated that 21% of respondents directly experienced bullying behaviors. Attacks on personality and professional status were reported as common bullying behaviors. Moreover, it was found that 45% of respondents experienced moderate or severe depressive symptoms. Consequently, it was stated that psychologically violent behaviors occur recurrently and at times, intensely in nursing. Organizational politics, sexual harassment, unclear job responsibilities, role ambiguity, and role conflict also result in stressful situations for nurses (Smith, Andrusyszyn, & Spence Laschinger, 2010).

Starc (2018) reported respondents ranked primary and secondary level stress factors that greatly contributed to workplace stress as physical or psychological abuse, confronted with the death of the patient, shortage of nursing staff, and many patients. The factors contributing to moderate stress levels were ranked as susceptible to infectious diseases, working at night shift, working hours, working conditions, low salary, dealing with demanding patients, and poor work schedules. Relationships with management, lack of material resources, administrative assignments, relationships with colleagues, and lack of training were minor stress sources. Alenezi, Aboshaiqah, and Baker (2018) argued that factors and sources of stress for nurses significantly change with the working environment. The workload was explored as the main reason for work-related stress in the healthcare setting, and inadequate preparation was a minor source. Other main sources of stress include conflicts with physicians and colleagues, lack of administrative support, and unpredictability related to hospital treatments.

Liu et al. (2019) found that nurses' age, nationality, marital status, and job position have been identified as demographic factors that add to stress. The workload was seen as the leading cause of stress, followed by death and dying, conflict with other nursing colleagues, unpredictability concerning treatment, conflicts with physicians, insufficient preparation, and lack of staff support. Ahmad, Barattucci, Ramayah, Ramaci, and Khalid (2022) found a positive impact of improved organizational support and perceived environment on nurses' job satisfaction resulting in improved quality of patient care. As organizational support reduces stress among nurses, the authors suggested training nurses to handle increased workloads and other stressors at work.

In Pakistan, nurses experience higher levels of stress in everyday life. Their personal and social life is affected by discrimination, family issues, financial problems, and safety and security concerns. Fatima, Ali, Ghani, and Shah (2020) found demographics such as female gender, young age, marital status, and work experience of up to five years contribute to anxiety and stress among female nurses working in a teaching hospital in Peshawar. High workload, poor work environment, lack of resources, and unpredictable scheduling were the main factors impacting the provision of quality care to patients. As the study was conducted in one medical center, the authors suggested replicating the study in other hospitals to identify antecedents of stress among nurses. Moreover, nurses experienced depression, stress, and anxiety that impacted their mental health during pandemics. The role of hospital management is very important for facilitating continuous and comprehensive mechanisms to protect nurses' mental health (Nadeem et al., 2021). Moreover, the need is to find factors contributing to stress in public sector healthcare settings contributing to psychological distress among nurses.

3. Methodology

In the present study, we applied qualitative research design. Qualitative research is intended to comprehend specific social circumstances, incidents, groups, roles, or interfaces. Miles and Huberman (1984) describe qualitative research as an exploratory process that enables

a researcher to systematically justify social phenomena by comparing, copying, contrasting, and classifying the object of study. Qualitative research occurs in natural surroundings where incidents and human behavior occur. Descriptive data emerge from qualitative studies where respondents report data in words or images instead of numbers. Qualitative research focuses on the respondents' opinions and real-life observations and experiences.

Phenomenological research refers to the qualitative research design originated from psychology and philosophy, where the participants describe the phenomenon through their lived experiences and opinions. Several individuals are interviewed to share their experiences exploring the phenomenon. Data were collected from ten female nurses working in public sector hospitals in Lahore. These nurses worked at different designations, including junior, charge, and head nurses. The respondents were performing their duties in different wards.

Table 1 describes sample demographics. Purposive sampling was applied. An interview guide related to work-related stress was finalized before the interviews. Rapport was built with respondents for better information because of trust and understanding between researcher and respondent. Data was collected through semi-structured interviews. Interviews were conducted with respondents at their workplace during working hours with formal permission from the hospital administration. The respondents shared their real-life experiences regarding work-related stress in healthcare settings.

King, Dalton, Daily, and Covin (2004) described semi-structured interviews as non-standardized and denoted as 'qualitative research interviews'. Semi-structured interviews provide an opportunity for the researcher to probe further by asking further questions to search for the questions and objectives of the study from respondents according to the different organizational contexts. Interviews were recorded and transcribed. An interpretive approach was applied for data analysis, and themes were extracted. Table 2 shows categories and sub-categories of dimensions of workplace stress in the nursing profession.

Table 1: Sample Demographics

No	Age	Designation	Qualification	Experience	Department
1	33 Years	Charge Nurse	BSc Nursing	10 years	OT
2	45 years	Charge Nurse	BSc Nursing	22 years	Gynae
3	44 Years	Charge Nurse	BSc Nursing	20 Years	Surgery
4	54 years	Head Nurse	FSc & Nursing Diploma	30 years	Gynae
5	56 Years	Head Nurse	FSc & Nursing Diploma	32 years	ENT
6	57 years	Head Nurse	MSc Nursing	34 years	Medical
7	27 years	Junior Nurse	BSc Nursing	3 years	Gynae
8	28 Years	Junior Nurse	MSc Nursing	5 years	Surgery
9	25 Years	Junior Nurse	BSc Nursing	2 years	Medical
10	29 years	Junior Nurse	MSc Nursing	6 years	OT

4. Results and Discussion

4.1. Criticism and abuse from Physicians

Nurses experience criticism and verbal abuse from physicians. In the hierarchical structure of public sector hospitals, physicians dominate nurses and lack autonomy in their profession. Most nurses complained about disrespect and criticism from male and female physicians. One of the respondents was verbally abused by a male doctor. She complained about his unethical behavior to the administration, and he was expelled from the hospital. He had been a director for some time and was a post-graduate student. One of the respondents serving as chief nursing superintendent expressed her views as

Both male and female physicians oppress female nursing staff in public sector hospitals. Due to organizational hierarchy, we experience discrimination and disrespect from physicians. We have to manage doctors' work and held accountable for things which are beyond control. They do not provide us adequate information about treatment and medical condition of the patients.

Another respondent revealed sexual harassment from physicians.

I have been serving as principal of school of nursing of Lady Aitchison Hospital. One day, students complained about a physician who sexually harassed them. He called the students alone in his office and threatened them to fail them in exam if they will not be in an illegal relationship with him.

4.2. Violence from Colleagues

Most of the respondents had experienced or observed violence from their colleagues at the workplace. This violence can be direct such as verbal or physical abuse, and indirect, such as gossip, snide remarks, teasing, or avoiding. Most respondents revealed that their colleagues negatively discuss their personality, character, and work, making them upset and sad. One of the respondents shared her feelings as:

'Both male and female colleagues attack our character and personal life. We feel distressed and cannot perform well. Consequently, it negatively effects patient safety and quality of patient care. Most of these negative comments are from female colleagues.'

Another respondent revealed that

'Most of our colleagues express their anger through gossips, backbiting and negative comments about others. Some days ago, I witnessed violent behavior of one of my junior and senior colleagues. This conflicting situation was because of duty arrangement. They verbally abused each other and negatively commented each other's character and personality. I cannot quote their remarks'.

Another respondent revealed that

'I experienced conflict with my colleague because of duty arrangement. She tried to bend my arm and shouted at me. Moreover, she threatened me of physical violence. Hospital admin warned and directed her to join duty in other department to avoid the issue'.

4.3. Violence from Patients

In public sector hospitals, nurses also experience violence and stress from patients and their families. Patients and their attendants forward unjustified complaints to the hospital admin to express their aggression. Number of patients ranges from 150-200 inwards. Nursing staff cannot attend to 50 patients at a time. Compared to OT and OPD, nursing staff experiences higher stress levels inwards because of the large number of patients. One of the respondents said that:

'In public sector hospitals, it is very difficult for nurses to attend patients who are illiterate or have low education levels. Nurses have to inform them about medication and treatment many times to develop their understanding and to ensure quality of patient care. Consequently, nurses feel frustrated and irritated. Moreover, they experience higher stress levels'.

When patients are in pain or stressed due to financial constraints and are not treated as expected, they become aggressive and hostile and misbehave with nursing staff. All the respondents expressed their grievances of being targeted and humiliated by the patients and their families, even though they tried their best to attend to and facilitate patients. One of the respondents said that:

'In public sector hospitals, most of the patients do not wait for their turn and try to approach nursing staff through reference. They immediately want VIP protocol. Patients who are literate forward fake complaints to hospital admin whereas illiterate patients verbally abuse them'.

Another respondent revealed that

'A patient visited Gynae OPD during strike days and requested to issue patient card for her. I informed her that no doctor is available and OPD has been closed. At this time, patient

card cannot be issued. She verbally abused me and said, May this OPD be destroyed by Allah and you all die'.

4.4. Unmanageable Workload

In public sector hospitals, nurses have unmanageable workloads due to a staff shortage. They work in the morning, evening, and night shifts. Shortage of staff and burden of patient care have been the possible antecedents of frustration and stress among nurses. In public sector hospitals, the number of patients has been increasing yearly, whereas new staff has not been recruited over the last five years. One of the respondents said,

'People retired and some left the job but new staff has not been recruited. Nurses feel overburdened because of shortage of staff. Increased workload has affected their moods and behaviors negatively and they feel strained. Moreover, this unmanageable workload has resulted in poor quality of healthcare and patient safety'.

Head nurses are also answerable for administrative tasks, which is part of their job description. As the hospital admin provides no support staff, they must perform these tasks alone. One of the respondents revealed that

'As a head nurse, I have to manage 35-40 persons at a time. At the same time, I have to complete the requirements of the physicians. My duty timings are till 2pm but I left from my duty after completing all documentation. I also have to provide medicines for patients for night, bed sheets and dresses for patients' operation before leaving'.

Another respondent said,

'Both bosses and colleagues add to stress. Hospital admin do not provide us important information in time. We feel higher levels of stress because of bosses as their decision making is grounded in nepotism and favoritism'.

4.5. Unpredictable Staffing and Scheduling

Nurses also feel frustrated and stressed because of unpredictable staffing and scheduling, and family issues. The hospital admin grants them four leaves within a month. They have to avail leave on alternate days. One of the respondents said that

'We feel distress because of unpredictable staffing and scheduling that affects our family life. Along with this tedious job, we are also responsible for taking care of our family. If a nurse has to look after her child or other family member because of illness, she will not be relaxed at workplace'

Another respondent revealed that

'If a nurse has any emergency at home, she is not allowed to take leave to attend her family. This enhances anger and frustration among staff. If someone is on leave, admin calls her to come back and perform her duty. This unpredictable scheduling results in high stress levels.

4.6. Gender Discrimination

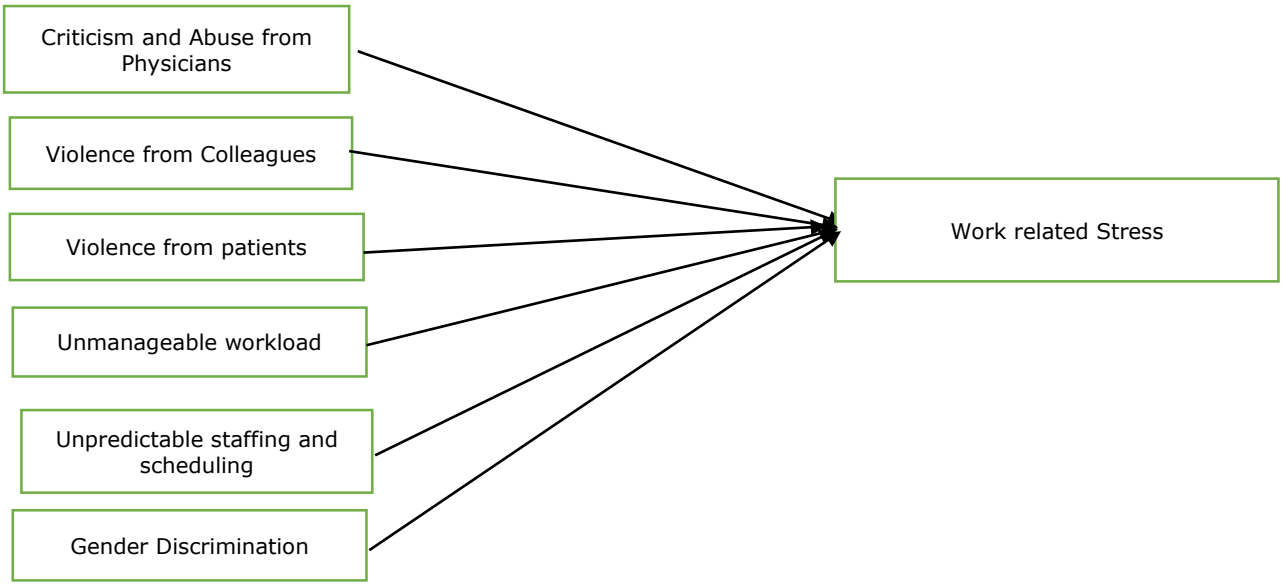
In public sector hospitals, Gender discrimination has been explored as another potential source of stress among nursing staff. ACRs of eligible and competent staff were not signed in time, and their promotion cases were delayed. One of the respondents said that

In public sector hospitals, work environment is highly unsatisfactory and aspiring and competent staff do not find any support from admin. Staff is not supported to accomplish allocated jobs in the best way. If a person do so, she will not allowed to do it again. Injustice and leg pulling have been resulted in stress, negative emotions and job dissatisfaction.

Nursing staff also complained about administrative issues regarding political influence, injustice, and bribes for getting early promotions and benefits. As a result, the nursing staff feels demotivated and depressed and cannot provide quality healthcare. Another respondent revealed that

Nursing staff do not find clear job descriptions and career progression opportunities in public sector hospitals. Male nurses get promotions early because of political influence and networking. Anesthesia technician, OT technician electric and sanitary workers and ward boys having matric or inter qualifications have been promoted to BS 16 and BS 17. Because of political influence and reference, an OT technician was promoted from BS 9 to BS 14 and then to BS 16 in days.

Figure 2: Determinants of Work-related Stress



The present study explores the antecedents of work-related stress among nursing staff working in public sector hospitals. Data was collected from nurses working in public sector hospitals in Lahore. Nurses face chaos, a lack of resources, enormous human need, unresponsive administration, and a highly stressful work environment (Ogundipe, Obinna, & Olawale, 2015). Criticism and abuse from physicians, violence from colleagues, violence from patients, unmanageable workload, unpredictable staffing and scheduling, and gender discrimination have been identified as the antecedents of stress among nursing staff in healthcare settings. These results are consistent with the findings of various researchers. The workload was the main cause of stress, followed by death and dying, conflict with other nursing colleagues, unpredictability concerning treatment, conflicts with physicians, insufficient preparation, and lack of staff support.

Almazan, Albougami, and Alamri (2019) found higher working hours positively related to higher stress among nurses in Saudi Arabia. Workload, conflicts with physicians and colleagues, and lack of administrative support were the main sources of stress for nurses in healthcare settings (Alenezi et al., 2018; Liu et al., 2019).

Starc (2018) reported primary stress factors that greatly contributed to workplace stress, such as physical or psychological abuse at the workplace, death of the patient, shortage of nursing staff, and many patients. In another study, the death of a patient and excessive workload as the main causes of stress. In governmental hospitals in Eastern Ethiopia, the main causes of work-related stress included work on rotation, working units, and child rearing (Baye, Demeke, Birhan, Semahegn, & Birhanu, 2020). In Jordan, workload, unpredictable staffing and scheduling, criticism by other professionals, and conflicts with other professionals were found as main stressors for nursing professionals (Feddeh & Darawad, 2020).

Werke and Weret (2023) found that nurses having children who had to perform duties in different work shifts experienced more stress than others. Work-related stress is also caused by feelings of inadequacy and dissatisfaction, including insufficient support and difficulty coping with work tasks, and it also affects the personal lives of nursing professionals. The identified areas included a shortage of staff, a lack of communication and teamwork, a high number of patients, and a lack of time (Arén, Jaçelli, Gesar, & From, 2022).

Table 2: Categories, Sub-categories, and Codes

Codes	Sub-categories	Categories
The nursing profession is considered low status Lack of autonomy and dominance of physicians Disrespect and abuse from physicians Sexual harassment from physicians Criticism from doctors regarding patient treatment	Criticism and abuse from physicians	
Verbal and physical abuse from colleagues Gossips, backbiting and negative comments Snide remarks about character and personal life Threats of physical violence Teasing and Avoiding	Violence from colleagues	
Verbal abuse from patients and their attendants Unjustified and fake complaints to hospital admin Patients with low education level Aggression due to financial constraints Patients want treatment on a preference basis due to reference	Violence from patients	Work-related stress
Overburdened due to shortage of nursing staff New staff has not been recruited over the last five years Administrative tasks and requirements of physicians Lack of administrative support Documentation and requirements of patients Minor mistakes are highlighted	Unmanageable Workload	
Morning, evening, and night shifts Family issues are not considered when duties are assigned No relaxation to attend emergencies at home Family life is negatively affected	Unpredictable staffing and scheduling	
Delayed promotion as ACRs are not signed on time No support from admin for competent and aspiring staff Politics and leg pulling Male staff get early promotions Political influence, injustice, and bribes to get early promotions and benefits	Gender Discrimination	

5. Conclusion and Policy Recommendations

Nurses experience stress ascending from the work environment's psychological, physical, and social facets. Psychological violence and abuse from physicians as well as from colleagues, shortage of nursing staff, conflicts with colleagues, violence from patients, unclear promotion prospects and delayed promotions, being undervalued, unmanageable workload, unpredictable staffing and scheduling, and gender discrimination are the major determinants of stress in the nursing profession. In healthcare settings, workplace stress significantly impacts nursing professionals and their ability to achieve tasks, apathy, lack of concentration, and poor decision-making. Anxiety and decreased motivation impact the quality of patient care and result in medical errors.

An environment conducive to facilitation, appreciation, and encouragement must be developed for nurses. Like developed countries, they must be awarded decision-making power and respected like doctors in the best interest of patient safety and quality healthcare. To minimize stress, clear job descriptions and realistic deadlines must be provided to nurses. The need is to devise a satisfactory job structure for nurses, including better pay scales, training, and promotional opportunities, study leaves for higher qualifications, and in-time promotions by the health department.

5.1. Theoretical and Practical Implications

This research study is ingrained in the propositions of the Job Demands-Resources theory and finds the determinants of workplace stress in the context of public sector hospitals in Pakistan. Nurses do not get social support from their colleagues and supervisors and experience work-related stress when job demands exceed job resources. For academicians, this study provides a comprehensive understanding of work-related stress, its psychological, physical, and

social facets and its role in demotivation and dissatisfaction of nursing professionals. This study will help health department officials and hospital administrators devise strategies and policies to establish a peaceful work environment and improve intra professional collaboration among health sector employees by thoroughly understanding the determinants of stress in nursing. This will improve patient safety and quality of patient care.

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