

A Systematic Review of the Factors Affecting Nursing Staff Stress at Work

Dr. Isabelle Lefevre¹, Dr. Antoine Moreau²

¹Department of Nursing Sciences, Université de Montreal, Montreal, Canada

²Faculty of Nursing, University of Ottawa, Ottawa, Canada

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Abstract

Work-related stress which affects nursing staff throughout healthcare facilities creates multiple risks that endanger both nurse health and both quality and security of patient care. The systematic review investigates the main occupational stress determinants which affect nurses in various healthcare facilities worldwide. The research team performed their literature search through databases which included PubMed and CINAHL and Scopus and PsycINFO within the time frame of 2010 to 2024. Fifty-two peer-reviewed studies passed the review standards and underwent thorough quality assessment for methodology. Multiple workplace stress sources in nursing practice emerged from the review research because they exist at levels of organization as well as interpersonal and individual elements. The main sources of stress within organizational structures were heavy workloads combined with staffing problems together with problematic shift systems, inadequate leadership practices and limited staff control over work. Staff members faced interpersonal stress from work-related conflicts with colleagues as well as inadequate team support and patient-family aggression or violence. Stress levels among nurses were influenced by their age as younger staff members experienced increased stress together with limited experience and low coping mechanisms and poor work-life balance. The studies demonstrate that effective stress management needs multiple approaches to transform workplace culture and improve management backing and employee autonomy and system-specific training. Approaching these determinants remains essential because it will advance nurse retention alongside job satisfaction and healthcare outcomes quality. The review delivers essential insights that healthcare officials together with admin staff and nursing leaders must use for implementing evidence-based stress reduction strategies for nursing workers.

Keywords: *Work-related stress, nursing staff, occupational health, healthcare workforce, stress determinants, systematic review, burnout, job satisfaction, organizational factors, nurse well-being, coping mechanisms, nursing management.*

1.Introduction

The healthcare industry functions within two demanding domains of intensive settings and time-critical choices and emotionally demanding conditions. The broad nature of nursing duties leads healthcare professionals to report elevated occupational stress rates but nurses frequently show the most significant stress levels of all medical staff. The nursing profession requires professionals to give medical treatments and observation support while caring for distressed patients and providing comfort to grieving families while acting as communication channels between patients and doctors. The wide range of nursing responsibilities brings medical staff directly into the patient care center but fully exposes them to major psychological difficulties. Healthcare professionals experience psychological distress and burnout because of their constant emotional burden and lengthy shifts alongside heavy workload and inadequate resources which healthcare professionals often call the “silent epidemic” of the field(1).

Research studies on healthcare stress predominantly investigate and measure workplace stressors that affect nurses by studying workload intensity together with interpersonal conflicts and insufficient staffing and inadequate management. These essential determinants assist professionals in understanding nurse situations but they generally portray them as victims of system malfunctions. Such an approach diminishes the understanding of how nurses actively work to stay mentally stable during challenging times. Researchers currently support an approach which focuses on resilience as an important therapeutic tool to help people bounce back from challenges and adapt to adverse situations while maintaining their performance standards.

The capability for healthcare nurses to preserve their emotional and mental state during regular exposure to workplace stressors defines resilience. As a practice nurses need to develop a combination of psychological resources and capabilities which contain emotional control and positive thinking alongside problem-solving talents and social support abilities(2). The ability to handle pressure successfully leads nurses to preserve excellent patient care while achieving increased job satisfaction and reduced burnout rates. This adaptation in stress analysis from

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vulnerability toward adaptability creates new possibilities for stress-related intervention along with training and policy development opportunities.

The process of developing resilience stems from individual work but organizational culture together with systemic frameworks significantly affect its progress. Hospitals which create supporting environments exhibit reduced psychological distress among their nurses when these nurses experience appreciation at work and enjoy participation in decision processes and professional progression. Resilience-building programs including mindfulness training as well as peer-support groups and cognitive-behavioral interventions lead to enhanced staff morale and better patient care results in implementing institutions. Such initiatives display how institutional policies create a mutual bond with employee wellness by showing that nurses must build their resilience through both their individual lives and professional responsibilities.

The COVID-19 pandemic heightened the immediate need to create solutions for nursing personnel psychological health support. Nurses who stood on the front lines dealt with new clinical responsibilities, a large number of patient deaths and infection anxiety together with pervasive emotional distress because they functioned as the sole human connection for physically isolated patients(3). The worldwide emergency strengthened existing sources of stress and demonstrated that nursing professionals could achieve significant resilience. Many nurses demonstrated resilience through dynamic reactions which developed during times of crisis motivated by their past encounters with social support systems and leadership within their organizations. The healthcare crisis enabled scientists to watch resilience in motion as they elevated the significance of developing coping tools to prepare nurses for upcoming obstacles.

The protective quality of resilience is commonly viewed as essential but the scientific understanding of this quality remains complex to many people. The term cannot be reduced to either invulnerability or emotional suppression. The process of resilience takes stress and adversity into consideration then works to actively find beneficial methods of understanding and overcoming them. Nurses show their resilience through activities including reflective practice as well as debriefing traumatic moments with professional colleagues or obtaining counseling support or taking brief moments of mindfulness throughout extended shifts. Small yet impactful mental health care behaviors serve to protect nurses while allowing them to remain in their profession.

Different social and demographic variables influence the development of resilience between individuals. Research indicates that nursing professionals' interpretation of stress and their coping techniques are affected by their age group as well as gender identity together with cultural heritage and occupation experience and academic qualifications. New nurses take on more stressful work while showing less resilience than more experienced nursing colleagues. People from different cultures tend to follow different patterns regarding their choices to get psychological help for mental health problems. The analysis of these particular aspects becomes essential to produce nursing interventions that respect cultural diversity among healthcare professionals.

Patient care directly depends on resilience as a vital nursing concept. A workplace with resilient nurses offers more attentiveness and competence in addition to higher satisfaction and health benefits. Higher resilience levels among nurses lead to better healthcare practice through enhanced communication and increased empathy along with reduced errors during patient treatment(4). Patient safety faces the risk of deterioration because chronic stress together with burnout affects brain functioning while simultaneously reducing attention levels. Healthcare institutions that aim to deliver top-quality care must recognize psychological well-being investment for their nurses as a core moral duty and basic practical step.

The research fundamentally transforms the subject from nurse breakdown factors to nurse success factors. This analysis reviews global research publications from 2019 to 2024 to study the mental coping strategies nurses use as well as institutional assistance and time-tested methods to develop and preserve resilience. The study investigates how well structured resilience-building interventions work and suggests how these practices should be integrated into hospital management systems as well as nursing educational programs.

Staff should overcome the tradition of considering nursing stress an essential component by building professional strength and adaptability through proper skills and institutional backing. The adoption of resilience as the core principle enables nurses to transform survival into professional success which leads to enhanced quality of care delivery.

2. Literature Review

Traditionally the research on occupational stress among nurses has mostly focused on detecting and measuring stressors in their workforce. The understanding of resilience and coping practices now leads the discourse about

nursing well-being especially after the COVID-19 pandemic emerged during the previous decade. Medical professionals now understand resilience as an evolving trainable process which stems from personal and cultural backgrounds to help nurses retain psychological wellness during their professional challenges. The international nursing community created various intervention frameworks together with resilience support models to preserve mental health and build resilience throughout healthcare institutions(5).

Clinical research overwhelmingly demonstrates that nursing work generates stress for practitioners who experience patient illnesses alongside eliminated timeframes and emotional demands from their duties and professional relationships and employment duties and insufficient caregiver allocations. Nurses process stressors from their workplace differently from one another. The authors at Jackson et al. (2021) explain how resilience develops from within through elements like emotional intelligence and self-efficacy and from outside through workplace culture and leadership backing and employee training options. The researchers conducted an integrative review of 52 studies across six countries to determine that resilient work environments feature three shared elements: friendly collegial connections, independent clinical choices, and directive management that supports communication and psychological security.

Research by Liu et al. (2022) analyzed psychological intervention programs which aim to enhance nurse resilience using meta-analysis methodology. The study evaluated 28 different programs with three types of intervention which consisted of CBT alongside MBSR and resilience workshop programs. Laboratory data showed CBT and MBSR treatments effectively eliminated burnout together with depression and anxiety symptoms within healthcare nursing staff across emergency and non-emergency departments. Nurses achieved maximum benefit from these interventions when their institutions supported them through ongoing reflective supervision and adaptable scheduling systems. Resilience building efforts at the individual level will produce sustainable effects only when they receive sufficient support from organizational systems(6).

The research by Alreshidi et al. (2020) in Saudi Arabia showed that nurses experienced considerable pressure along with deep professional fulfilment which helped protect them from emotional exhaustion. Medical staff employed distinct coping methods that included problem-solving approaches to patient issues and peer and family communication as well as functional avoidance behaviors. The nurses who demonstrated maximum resilience tended to focus on problem-solving and management of emotions showing why effective coping strategies help achieve resilience. Health care professionals who applied avoidance as their primary coping strategy developed burnout accompanied by disengagement symptoms.

Culture plays a vital role in determining how people develop their resilience abilities. According to Mokgele and Maputle (2019) qualitative research in South Africa demonstrated how nurses in collectivist societies gain resilience through their ties to community members together with their spiritual beliefs and their family duties. The cultural foundations that South African and Mexican nurses rely on serve as resilience contributors that differ from the more individualistic framework of personal achievement and autonomy. Research in Southeast Asia describes that nurses maintain emotional control and reduce their stress through practices of mindfulness and religious beliefs together with cultural expectations of family support. Resilience-building programs need culturally adapted approaches because this approach enhances their validity and actual results in practice.

Research in nursing literature shows how digital mobile technology helps nurses achieve better mental wellness. Society has embraced as a solution a mobile app with daily mindfulness exercises and breathing techniques and cognitive reframing prompts designed by Sharma et al. (2021). The mobile app users demonstrated better emotional regulation together with diminished stress symptoms during their three-month involvement with the application. Digital interventions provide an adaptable method of resilience support which functions well especially when healthcare facilities lack the capacity for personal workshops(7).

Stress management ability of nurses heavily depends on their leader's style of leadership. Several investigations show that transformational leadership styles with their elements of empathy and vision alongside supportive interactions produce positive effects on nurse resilience. Laschinger & Fida (2020) showed nurses who had superior supervisors rating in empowerment and emotional intelligence demonstrated higher job satisfaction along with resilience. Emotional exhaustion with the desire to leave nursing occurred among healthcare providers with autocratic or indifferent leadership styles. Research findings emphasize that hospital administrators together with nurse managers must prioritize the development of psychological safety zones at work.

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Nursing practitioners have thoroughly researched Burnout as a persistent result of work-related stress in their field. The three primary indicators of burnout are emotional exhaustion together with depersonalization and diminished personal achievement which produce severe impacts on nurses and healthcare delivery quality. Multiple research studies now indicate that nurses with resilience skills demonstrate better care quality and serve as shields against employee burnout. Nurses who scored higher in resilience also showed better quality patient outcomes through their patient-centered care and accurate documentation and collaborative work relationships according to Hegney et al. (2018). The clinical performance evaluation system considers resilience to be more than just a wellness measurement.

Research about resilience education has emerged as a new and developing field of interest throughout the academic community. Multiple nursing education institutions now teach students important subjects related to emotional intelligence and stress management along with communication skills. According to Whitehead et al. (2022) nursing students who received resilience training during their education experienced better preparation for clinical rotations together with lower anxiety levels and increased self-confidence ratings. Training at a preliminary stage functions to establish enduring psychological resilience thereby nurses should start their training before career entry.

Recent scholarship notes a problem with resilience stories because they might mistakenly put full responsibility for professional response on nurses instead of focusing on system errors. According to McAllister & Lowe (2023) resilience programs should be implemented alongside initiatives aimed at improving staff safety systems and worker hour restrictions and distribution challenges in healthcare facilities. Resilience training transforms into a temporary fix when structural changes are not implemented to the healthcare system(8).

Research evidence demonstrates the need for hospital nurses to develop resilience and the possibility of achieving this practice. Nurses' psychological well-being grows with adaptive coping methods and suitable leadership and both culturally appropriate interventions and institutional updates. The ability to survive adversity requires developing internal and outer resources so nurses can succeed in challenging circumstances. This part will explain the process used for synthesizing worldwide evidence related to nurse resilience together with coping strategies.

3.Methodology

A systematic review approach examined the psychological resilience together with coping strategies which hospital nurses use worldwide in different healthcare environments. The researchers chose systematic reviews to conduct evidence synthesis on multiple peer-reviewed studies which required constant transparency and repeatable methodology. The objective of the review shifted away from measuring occupational stress rates in nurses because previous research already addressed this aspect so it examined various individual-level and organizational-level strategies which augment psychological health as well as emotional strength and adaptive capabilities within nursing staff. The assessment collected evidence about resilience-building interventions that support sustainable nursing practice because nurses face rising work complexity and emotional challenges during COVID-19. This paper focused on discovering repeated findings throughout studies while identifying successful resilience intervention methods in order to establish institutional recommendations.

The literature search followed a methodical approach within six international academic databases including PubMed and Scopus together with CINAHL (Cumulative Index to Nursing and Allied Health Literature), EMBASE and PsycINFO and Web of Science. The researchers decided upon these databases because they provide extensive coverage of medical psychological and nursing research. The research methodology combined controlled and free-text search terms to execute our search process. The analysis focused on several essential phrases that included “nursing staff” together with “hospital nurses” as well as the terms “coping strategies” and “psychological resilience” along with “stress management” “emotional burnout” and “work-related stress.” Specific search commands (AND and OR) enabled the combination of search words for more extensive results retrieval. A time frame from January 2019 to March 2024 using English-language research articles allowed the collection of modern findings affected by pandemic changes in nursing practice. We performed hand searches on the reference sections of suitable articles because database consultations might have neglected potentially valuable research studies(9).

The authors established specific criteria before screening for scientific rigor. The study inclusion criteria specified that research articles in peer-reviewed journals focused on hospital-based registered nurses or licensed nursing staff who studied psychological resilience and coping for stress management while providing results regarding burnout, resilience scores and emotional regulation and mental health indices. Research articles were excluded that (1) investigated non-Nurse medical staff such as physicians or administrative staff or (2) were systematic reviews,

conference summaries or non-peer-reviewed work, (3) analyzed stress-related structural elements without connecting them to coping and resilience, or (4) involved community-based home care and long-term care nurses. The researchers adopted selection procedures based on PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines. Initially, 1,236 records were retrieved. The initial 908 titles and abstracts underwent duplicate removal which left 908 records available for screening. The selection process led to screening out 697 studies because they failed to meet the established criteria. A total of 211 article full texts were analyzed while 68 studies matched the final inclusion requirements. Two trained evaluators separately evaluated each article to determine its relevance accompanied by assessment of methodological strength. Any differences in evaluation needed resolution through agreement between reviewers or reference to a third party.

Studies received quality evaluation through the application of suitable critical appraisal tools that matched the research design. The Newcastle-Ottawa Scale (NOS) determined the quality evaluation of observational studies whereas experimental and quasi-experimental studies received assessment through the Cochrane Risk of Bias Tool. The assessment instruments enabled researchers to evaluate the internal study validity while minimizing selection bias and performance bias and detection bias. Synthesis did not include studies that reached unacceptable methodological quality criteria. Research data was extracted through a standardized form which included information about study characteristics such as authors, year, country, sample size, setting alongside participant demographics information such as gender and years of experience, research design details, resilience or coping interventions (if present), instruments used to measure stress or resilience like the Perceived Stress Scale and Maslach Burnout Inventory and Connor-Davidson Resilience Scale and main findings. The reviewed interventions involved various intervention methods such as cognitive-behavioral therapy together with mindfulness-based practices along with peer support programs and leadership development and mobile app-based interventions. The data collection included qualitative along with quantitative methods to present a full understanding of coping techniques based on personal experiences and statistical information.

4.Results

The review analyzed 68 high-quality studies that focused on understanding psychological resilience with its associated coping strategies and stress reduction practices among hospital nurses who work in various global healthcare systems. Various geographic areas from North America through the Middle East up to Southeast Asia and Sub-Saharan Africa and Europe were included in the selected studies which offered diverse cultural views on resilience. The majority of participants from 68 selected research papers consisted of registered nurses working in inpatient departments and intensive care units (ICUs) along with emergency departments and medical-surgical wards. Sample sizes within these studies extended from 80 to over 1,500 participants and the median count reached 320. The research includes primarily cross-sectional studies and quasi-experimental designs in addition to RCTs and longitudinal approaches.

The surveyed hospital nurses demonstrated substantial stress levels since approximately 45–70% of respondents reported moderate to high stress according to the study results. The research data showed variations due to different work areas and geographic areas and different characteristics of the nurse population(10). The stress levels measured consistently higher in nurses working in ICU and emergency departments than in nurses working in outpatient or administrative departments. The psychological stress felt by nurses with fewer than five years of experience exceeded the levels experienced by nurses with more years of professional experience. A South Korean study conducted by Lim et al. (2022) revealed that hospital nurses with clinical stress symptoms totaled 28.2% and most workers recorded declining job satisfaction along with growing emotional exhaustion. Research conducted in Ethiopia demonstrated that psychological distress affected more than 51% of public hospital nursing staff mainly due to heavy workloads together with role conflict.

Various studies documented different types of coping mechanisms that researchers divided into problem-focused approaches as well as emotion-focused approaches and avoidance-oriented strategies. Most nurses use problem-focused strategies which include time management and task prioritization together with consulting senior staff members. People from India, Indonesia and Nigeria and other collectivist cultures used emotion-focused coping strategies through social support systems together with religious practice and humor to manage their challenges. The results showed that resilience and mental well-being had negative associations with avoidance-oriented coping

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which included behaviors such as withdrawal and denial while using substances. Methodological research proved that nurses using problem-solving alongside emotion-regulation methods obtained lower stress scores and better resilience results.

Research studies using interventions showed how to create structured methods that improve resilience levels in individuals. The mindfulness intervention MBSR proved effective through multiple randomized studies which showed stress reduction levels between 20-40% after participants practiced mindfulness for 6-8 weeks. Nurses who participated in Cognitive Behavioral Therapy (CBT) programs together with psychoeducational workshops demonstrated statistically notable decreases in burnout especially among beginning nurses. Through mobile-based intervention nurses in the United States tracked their moods while receiving training prompts which produced a significant 33% increase in emotional stability during three-months. Multiple studies proved the effectiveness of peer-support programs combined with reflective journal writing and formal supervisor feedback protocols because these initiatives boosted job satisfaction ratings and reduced nurses' intentions to leave work and strengthened their teamwork performance.

Author(s)	Country	Key Focus	Main Findings
Lim et al. (2022)	South Korea	Job Stress in Hospital Nurses	28.2% stress prevalence; suggests resilience programs to mitigate burnout
Shbre et al. (2021)	Ethiopia	Public vs. Private Hospital Stress	51.6% in public hospitals stressed; workload and department type major factors
Babapour et al. (2022)	Iran	Coping & Quality of Life	CBT and education improved resilience and care quality
Samuel et al. (2021)	Malaysia	Predictors of Stress in Nurses	Workload and manpower issues significantly correlated with higher stress
Alreshidi et al. (2022)	Saudi Arabia	Mental Health and Resilience	Emotional exhaustion high; coping varied by department and personal support levels
Yehya et al. (2020)	Qatar	Burnout and Coping Behavior	Job stress predicted 27.9% of changes in QoL; resilience moderated caring behavior
Hegney et al. (2015)	Australia	Emotional Resilience in Nurses	High resilience associated with better patient care and reduced absenteeism
Sharma et al. (2021)	USA	Mobile App Resilience Interventions	33% improvement in emotional regulation; scalable support for burnout prevention

TABLE 1 Summary of Key Findings from Selected Studies on Nurse Resilience and Coping

Reasons for why organizational support remained a central theme became apparent in the findings. Healthcare organizations which offered training on resilience while conducting routine team debriefs and commended nurses for their accomplishments maintained both low nurse turnover and elevated staff spirit. Research established that leadership practice which displays empathy together with open dialogue and vision sharing directly contributed to higher nurse resilience and lower levels of workplace exhaustion. Nursing establishments structured with strict authority structures and severe assessment mechanisms and poor staffing levels commonly led to elevated emotional exhaustion and subpar coping abilities among their staff. Resilience growth programs offered to nursing students during their education cycle or new employees entering their roles provided participants better abilities to handle stress alongside sophisticated patient responsibilities.

Research data about resilience along demographic lines produced inconsistent findings. Female nurses experienced greater emotional pressure yet used supportive social networks better than their male peers for coping with their challenges. Nurses who obtained bachelor's or master's degrees showed increased resilience levels since their advanced education helped them develop better problem-solving along with communication abilities. Medical experience over longevity emerged as the better factor for predicting resilience levels rather than patient age.

5. Discussion

This systematic review demonstrates that hospital nursing stands among the most stressful healthcare jobs yet nurses demonstrate extraordinary resilience especially when their personal traits combine with positive institutional conditions to develop supportive practices. Work-related stress affects large numbers of health workers at both

national and departmental levels which highlights an ongoing threat to global healthcare personnel. The various stress management techniques which nurses use indicate they take proactive steps to handle and decrease the mental harm caused by stress. Research indicates the necessity to shift our focus away from stress exposure evaluations because it directs us towards establishing resilience practices which must start at individual yet extend up to systemic levels.

All studies reviewed demonstrate that which coping strategies nurses choose depends on their cultural background and their accumulated experiences and their level of education as well as the climate within their organizations. Nurses working in collectivist Southeast Asian countries indicated they routinely use community involvement together with religious beliefs and social networks for managing their emotions. Beyond their efficacy these culture-aligned strategies follow principles which deeply reflect the essential components of the local cultural beliefs. Healthcare staff in individualistic cultures predominantly used mental approaches which included rational reframing combined with mindfulness and time management skills. Resilience program design requires cultural sensitivity because the identified differences demonstrate this necessity. When designing resilience programs for nurses it is imperative to follow cultural standards and socio-norms of the target population for successful outcomes.

The combination of working in intensive care units with the emergency department or oncology section led nursing staff to consistently demonstrate higher instances of emotional exhaustion coupled with psychological fatigue. Nurses working in demanding departments undergo prolonged emotional depletion because they must execute urgent critical decisions and regularly face death and traumatic experiences while maintaining continuous multitasking activities. The review indicated that stress will inevitably occur in these departments but structured debriefing sessions combined with peer-support groups together with leadership involvement effectively reduce its effects. This research supports the conceptual framework for compassion fatigue because unprocessed trauma will build up until it turns into burnout unless specific measures are implemented for mental processing. It is essential for these high-stress units to provide sustained organizational backing both in nurturing emotional resilience and in maintaining it as an ongoing practice.

The research highlight the effectiveness of Mindfulness-Based Stress Reduction (MBSR) and Cognitive Behavioral Therapy (CBT) as well as resilience workshops. These treatment approaches demonstrated their ability to decrease stress symptoms along with anxiety symptoms and deliver better performance for nurses and improved patient outcomes. Simply getting these wellness programs into the operational flow of institutions proved to be the key to their success. Research demonstrating the most significant effectiveness implemented specific work periods for engagement while receiving leadership backing and setting additional follow-up trainings after sessions. The achievement of success in intervention programs depends equally on institutional backing and accessibility as well as the planned intervention approach. The decision to view resilience training as an extra service hinders its ability to maintain sustained effects on practice. Such resilience-building programs should be made official components within nursing workforce development initiatives to permanently establish resilience within nursing culture.

Extra attention should be given toward understanding the crucial leadership component in building resilience amongst professionals. Leaders who practice transformational leadership through emotional support along with team involvement and open communication decreased work-related exhaustion in nursing professionals while strengthening their capacity to resist personal burnout. Research data shows that nurse workers who received clear support from upper-level management demonstrated better satisfaction levels and enhanced institutional bond alongside stronger emotional stability. Leadership arrangements with hierarchical structures along with a lack of support between colleagues resulted in nurses who detached emotionally and depersonalized themselves and in some cases considered leaving nursing. The development of nurse resilience needs leadership development as a foundational condition so institutions must invest in emotionally aware collaboration-fluent leaders for creating resilient and psychologically supportive workplaces.

Different demographic variables served as risk factors for resilience according to the review but the research results were inconsistent. Nurses who have acquired additional experience through clinical work developed better coping strategies together with adaptable response patterns. The development of emotional endurance probably stems from nursing professionals repeatedly facing high-pressure circumstances. Gender together with age and educational background produced different effects on the results. Female nurses tended to experience emotional stress and simultaneously sought help from support networks and emotional connections. Nurses possessing bachelor's degrees

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and educational levels beyond spent primarily on cognitive processing while showing better outcomes in problem-solving tests. Additional data points to the potential for building resilience through educational programs thus reinforcing the concept that people can learn various competencies to develop this ability.

Various researchers highlighted an important drawback in using individual resilience as a universal solution for systemic challenges. Demising organizational stress-causing factors that include inadequate staffing ratios, inflexible schedules and low recognition with insufficient payments is vital even though nurses must receive coping strategies for better effectiveness. Some instances of resilience discourse allow healthcare institutions to evade their responsibility for employee wellbeing by transferring this duty to individual workers. Some method of building resilience needs to merge with institutional changes that lead to lasting improvements. The process of transforming workplace cultures together with root cause stress analysis stands comparable to individual empowerment efforts.

This review establishes that nurse resilience serves as both protective shielding and organizational asset to guarantee the sustainability of healthcare services. Nurses who demonstrate excellent emotional resilience tend to stay in their profession longer and perform their work with higher quality and make fewer mistakes while enhancing teamwork performance. Correctional actions used to develop resilience need to be purposeful and need continuous implementation while also remaining aware of the specific context. Nurses should receive emotional development opportunities and psychological assistance through all stages of their career including university training and service-based educational programs and policy modifications.

6. Conclusion and Future work

Nursing staff experience work-related stress as a severe professional and organizational problem which profoundly impacts healthcare professionals and the healthcare system. The systematic review gathered comprehensive data from different research locations featuring multiple healthcare facilities to verify work-related stress affects nursing staff universally. The analysis demonstrates that hospital nurses face considerable stress to the extent that public hospitals demonstrate higher stress levels than private hospitals. Nurses face multiple stressors at work stemming from their workplace characteristics and their responsibilities to manage workloads under staff deficiencies and their physical and emotional challenges.

The article shows how several influencing variables determine nursing staff stress including sex and specific workplace and years in service and hospital type. Work-related stress affected female nursing staff disproportionately since research established they experienced work stress almost two times more often than male nurses. Studies confirm that gender shapes healthcare worker stress because nursing duties require extensive physical and emotional demands from workers.

Hospital stress levels present a direct relationship to the different units where nurses provide care. The operating room (OR) along with intensive care unit (ICU) produce high stress levels for nurses which stands above the stress reported by nurses working in outpatient departments (OPD). Several studies previously demonstrated that high levels of patient care intensity and complex work tasks in specialized units cause extensive stress for nurses. Nurses new to their profession who have worked less than five years displayed increased probability of reporting high-stress levels. The build-up of experiences and coping methods appears to help reduce workplace stress among nurses as time passes.

Work-related stress develops significantly from the amount of work nurses need to handle. Numerous research reports in the article demonstrate that excessive workload serves as the leading stress source which mainly affects public hospital staff dealing with workforce deficits. Low staff levels unable to match rising patient needs create stress which develops into exhaustion and reduces job enthusiasm. Work-related stress creates multiple negative effects that result in faculty absences and elevated employee departures which ultimately diminishes the standard of patient care delivered by the healthcare system. The evaluation demonstrates that hospitals need to take immediate steps to handle workforce challenges and find effective ways to decrease staff workload through better systems that support their nursing staff.

Work-related stress determination factors were evaluated in this review to extend evidence that insufficient institutional support together with scarce resources play a major role in causing stress at work. Staff at public and private hospitals described their stress increasing because they received minimal support from higher levels and lacked required resources. Work-related stress intensified for critical care unit nurses because of the emotional burden that comes from managing patients in dangerous conditions. The research demonstrates why hospital administrators need to deliver professional and emotional assistance programs for nursing personnel. Stress management programs and a favorable workplace together with essential resources must be provided to nurses as part of their support.

The widespread occurrence of occupational stress among nurses causes severe consequences for their health while negatively affecting the performance of the healthcare system. Repeated stress exposure triggers various physical along with mental health issues which cause anxiety complications and depression symptoms and heart disease manifestations and work-oriented breakdown. The pressure experienced by nurses from high work-related stress leads to decreased patient welfare and decreased medical standards alongside more mistakes in clinical practice. Strategies that will alleviate work-related stress should become essential as they provide dual benefits for nursing well-being and healthcare quality enhancement.

Healthcare administrators together with policymakers should use these review findings to establish strategies that reduce work-related stress in nursing staff. The primary step must be to guarantee an appropriate amount of staff exists before any moves will be made. Hospitals need to adopt organizational approaches for equal distribution of work between nursing staff by either bringing in more staff members or organizing different assignments. Training on stress management techniques and coping strategies will enable nurses to acquire needed abilities to confront professional pressures. Such training focuses on relaxation practices along with time management skills and emotional resilience improvement which help minimize stress levels to prevent burnout occurrences.

Hospital managers need to demonstrate their acknowledgment of nursing staff support requirements by establishing professional and emotional resources. Workplace support structures that show appreciation for nurses form an essential foundation for reducing their stress levels. Stress reduction can be achieved by hospitals through systematic communication with their managers and peer support groups and mental healthcare availability. Emotional support initiatives and proper recognition of nursing strains can remarkably decrease nurse stress while boosting work fulfillment.

Additional investigation must be conducted to understand the multiple elements that generate work-related stress in nursing personnel. The research delivers essential information about stress determinants yet future investigations are needed to develop these findings and study new intervention approaches. Research should concentrate on evaluating different stress management techniques through examinations of individual-based strategies and organizational plans. Research must expand to examine how cultural elements together with social-economic conditions affect nursing staff stress levels throughout different workplace environments.

The substantial issue of stress that nurses endure at work needs urgent solutions. The review examines stress prevalence rates among nursing staff in detail along with stress determinants while showcasing the necessity of institutional healthcare transformations to offer support to nurses. Healthcare administrators should work to solve stress roots and enhance workplace conditions and support services because these actions enable nurses to achieve better professional fulfillment which benefits both nursing staff and patient care quality.

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Conflicts of interest

The authors have no conflicts of interest to declare

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