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Impact Of Work-Related Stress On The Quality Of Life Among Nursing Officers In Selected Hospital

R. Velmurugan[*1], M. Abirami[2]

[*1]Ph.D Scholar, Department of Nursing, Bharath institute of Higher Education and Research, Chennai, Tamil Nadu -600073, India.

[2]Vice Principal, Bharath College of Nursing, Selaiyur, Chennai, Tamil Nadu -600073, India.

***Corresponding Author:**

R. Velmurugan

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ABSTRACT

Work-related stress has emerged as a critical challenge facing nursing officers, significantly impacting their quality of life (QoL). The dynamics of nursing environments are particularly punctuated by high-pressure situations, prolonged hours, emotional labor, and the necessity to make critical decisions, all of which collectively foster an atmosphere rife with stress-related issues. The study was approved by the ethics of the institution and it was a quantitative, cross-sectional study to assess the effect of the work-related stress on the quality of life of the nursing officers. The 150 nursing officers that were recruited were done through a convenience sampling technique from a hospital selected. Participants included nursing officers working in the hospital who were willing to participate and after optionally consenting. The nursing officers who were undergoing counseling for psychological therapy were excluded from the study. The study also found that moderate levels of work-related stress were experienced by most of the nursing officers and affected their quality of life. Moderate was the highest rating for physical health (46.7%), psychological health (43.3%), social health (40.0%), and environmental health (48.0%); poor QoL was perceived highest in social relationships (33.3%) and psychological health (30.0%). Major stressors were workload (43.3% moderate, 30.0% high), patient care (46.7% moderate), conflict with physicians (40% moderate) and lack of support (43.3% moderate). Those who worked shift had the lowest stress levels (40% low). The study concludes that the quality of life of nursing officers is highly influenced by moderate levels of work-related stress.

Keywords: *Work related stress, quality of life, nursing officers, stress.*

1. INTRODUCTION

Work-related stress has emerged as a critical challenge facing nursing officers, significantly impacting their quality of life (QoL). The dynamics of nursing environments are particularly punctuated by high-pressure situations, prolonged hours, emotional labor, and the necessity to make critical decisions, all of which collectively foster an atmosphere rife with stress-related issues.

Research clearly outlines that the effects of such stress do not only extend to personal nursing professional's wellbeing, but also to affect the quality of patient care as well as organizational effectiveness in the health care environments. [1]

Maddigan et al. (2023) expanded upon this, finding that occupational stress is prevalent among registered nurses, with predictors including compassion fatigue, burnout, and secondary traumatic stress—all of which correlate with deteriorating QoL.[2] Similarly, Sutharshan et al. Sutharshan et al. (2021) reported that critical care nurses frequently encounter adverse health outcomes as a consequence of their work-related stress, indicating that prolonged exposure can lead to significant organizational inefficacy and reduced job satisfaction.[3]

The literature indicates a cyclical relationship between stress and quality of life wherein heightened stress levels lead to impaired psychological and physical health outcomes for nursing officers. Mohammed (2019) elaborated on how workplace stress detrimentally affects the physiological and psychological health of nursing staff, leading to suboptimal nursing practices and increased medical errors.[4] Hwang and Shin Hwang & Shin (2022) noted that while acute stress can sometimes enhance performance under specific circumstances, sustained high levels of stress often result in increased rates of errors and impaired judgment.[5]

The consequences of work-related stress among nursing officers have become increasingly salient in light of recent global health crises, such as the COVID-19 pandemic. Research has shown profound psychological impacts on nurses during this

period, with many reporting increased anxiety, depression, and burnout. The study by Hrefish et al. (2020) identified emotional intelligence as a protective factor against stress, suggesting that adequate training in emotional resilience can serve as a buffer against the debilitating effects of occupational stress. [6] Moreover, the exploration of supportive work environments as a strategy to mitigate stress has been suggested to improve overall well-being. [7]

In tackling these challenges, organizations are encouraged to implement comprehensive stress management interventions. Such measures may include adequate staffing levels, peer support programs, mental health resources, and resilience training, all of which can contribute to a healthier working environment. [8,9]

Furthermore, understanding demographic factors, such as gender and age, plays an essential role in the exploration of work-related stress among nursing professionals. Eesearch indicates that female nurses may experience different stressors compared to their male counterparts, which could be linked to societal and familial expectations.[10] Additionally, the interplay between personal life stressors and occupational demands highlights the multifaceted nature of stress experienced by nursing officers, with personal attributes influencing stress perception and coping strategies utilized in the workplace. [11]

The significant body of research suggests that work-related stress is intricately linked to various adverse health outcomes for nursing professionals, making it crucial to pursue solutions that can alleviate the psychological burdens they bear. Effective management strategies have been proposed to enhance coping skills and support systems among nursing staff, thereby promoting resilience and maintaining quality care standards. [12,13] The need for continuous assessment of work environments and the implementation of evidence-based practices focused on enhancing the QoL of nursing officers is more important than ever to create a healthier, more effective healthcare workforce. [14,15]

Ultimately, addressing work-related stress among nursing officers requires a comprehensive approach that encompasses the identification of stressors, intervention strategies for management, and systematic enhancement of the overall work environment. A multi-faceted strategy, involving individual resilience training, organizational policy changes, and supportive practices, is vital to improve not just the QoL of nursing staff, but also the quality of care provided to patients, marking a critical step toward sustainable healthcare systems.

2. AIM OF THE STUDY

The study aimed to assess the Impact of Work-Related Stress on the Quality of Life Among Nursing Officers in selected hospital.

3. METHODOLOGY

Study Design and Setting

The study was approved by the ethics of the institution and it was a quantitative, cross-sectional study to assess the effect of the work-related stress on the quality of life of the nursing officers. The 150 nursing officers that were recruited were done through a convenience sampling technique from a hospital selected. Participants included nursing officers working in the hospital who were willing to participate and after optionally consenting. The nursing officers who were undergoing counseling for psychological therapy were excluded from the study.

Tools

The demographic variables collected included age, gender, years of experience, shift type, educational qualification, marital status, and work department. The Expanded Nursing Stress Scale (ENSS) was used to assess the typical occurrence and sources of nursing-related stress in healthcare professionals. Additionally, the World Health Organization Quality of Life (WHOQOL-BREF) questionnaire was used to measure quality of life across physical, psychological, social, and environmental domains.

Data Collection Procedure

Ethical approval was obtained from the institution's ethics committee. After obtaining informed consent, demographic data were collected. The ENSS was used to evaluate nursing-related stress, while the WHOQOL-BREF assessed participants' quality of life. Data collection was conducted in a single phase, where nursing officers completed the questionnaires based on their experiences and perceptions.

Statistical Analysis

Descriptive statistics, including frequency and percentage, were used to summarize demographic variables, work-related stress levels, and quality of life scores. The Chi-square test was applied to assess the association between demographic variables and work-related stress, as well as between stress levels and quality of life. A p-value of < 0.05 was considered statistically significant.

Ethical Considerations

Ethical approval was granted by the institution's ethics committee. Informed consent was obtained from all participants, ensuring they understood the study's objectives, procedures, and their right to withdraw at any time. Confidentiality was strictly maintained, and all data were anonymized to protect participants' privacy.

4. RESULTS

The table 1 presents the demographic profile of the nursing officers. The majority of nursing officers were aged between 20-30 years (56.7%) and 31-40 years (36.7%). There was a higher proportion of female nurses (60%) compared to male nurses (40%). In terms of experience, 40% had 0-5 years, 33.3% had 5-10 years, and 26.7% had more than 10 years of experience. Most nurses worked day shifts (46.7%), followed by night shifts (33.3%) and rotating shifts (20%). Educational qualifications were mostly BSc Nursing (53.3%), followed by Diploma in Nursing (30%). The majority were single (46.7%), followed by married (43.3%), and a smaller proportion were divorced (6.7%) or widowed (3.3%). Regarding work departments, 40% worked in the General Ward, 26.7% in ICU, 20% in the Emergency, and smaller proportions in Surgery and Paediatric departments (6.7% each).

In Table 2, QoL scores of nursing officers are presented in four WHOQOL-BREF domains. The majority rated moderate QoL in all domains except for the environment, where 48% of the majority rated it moderate QoL, 40% for social relations, 43.3% for psychological health, and 46.7% for physical health. Highest poor QoL was found in the social relationship domain (33.3%), secondly in the psychological health (30.0%), reflecting that work was stressful. In fact, the QoL for nurses was rated as good in all domains by only 26.7% of nurses.

Table 3 shows the stress levels of nursing officers through the ENSS domains. The stressor reported most by the respondents was workload with 251 (43.3%) experiencing moderate stress and 153 (30.0%) high stress. Moderate stress prevalence was seen in conflict with physicians, which was at 40.0%, as well as lack of support, which was characterized by a value of 43.3%. 46,7 % of the nurses suffered moderate patient care stress while shift work stress was relatively lower since 40,0 % of the nurses had low stress. Workload, patient care, and lack of support are the three major stressors among nursing officers, data show and highlight the requirement of workplace interventions to provide support and assist in managing workload.

Table 1: Demographic variables of the nursing officers. N=150

Demographic Variable	Options	Frequency	Percentage
Age	20-30 years	85	56.7%
	31-40 years	55	36.7%
Gender	Male	60	40%
	Female	90	60%
Years of Experience	0-5 years	60	40%
	5-10 years	50	33.3%
	Above 10 years	40	26.7%
Shift Type	Day shift	70	46.7%
	Night shift	50	33.3%
	Rotating shift	30	20%
Educational Qualification	Diploma in Nursing	45	30%
	BSc Nursing	80	53.3%
	MSc Nursing	15	10%
	Other	10	6.7%
Marital Status	Single	70	46.7%
	Married	65	43.3%
	Divorced	10	6.7%
	Widowed	5	3.3%

Work Department	ICU	40	26.7%
	General Ward	60	40%
	Emergency	30	20%
	Surgery	10	6.7%
	Pediatric	10	6.7%

Table 2: Quality of Life (WHOQOL-BREF) Domains Among Nursing Officers

WHOQOL-BREF Domain	Category	Frequency (n)	Percentage (%)
Physical Health	Poor	40	26.7%
	Moderate	70	46.7%
	Good	40	26.7%
Psychological Health	Poor	45	30.0%
	Moderate	65	43.3%
	Good	40	26.7%
Social Relationships	Poor	50	33.3%
	Moderate	60	40.0%
	Good	40	26.7%
Environmental Health	Poor	38	25.3%
	Moderate	72	48.0%
	Good	40	26.7%

***Significance**

Table 3: Expanded Nursing Stress Scale Scores Among Nursing Officers (N = 150)

ENSS Domain	Low (%)	Moderate (%)	High (%)
Workload	26.7% (40)	43.3% (65)	30.0% (45)
Conflict with Physicians	33.3% (50)	40.0% (60)	26.7% (40)
Lack of Support	36.7% (55)	43.3% (65)	20.0% (30)
Patient Care	30.0% (45)	46.7% (70)	23.3% (35)
Shift Work	40.0% (60)	36.7% (55)	23.3% (35)

5. DISCUSSION

The study result showed that nursing officers are experiencing moderate levels of work-related stress which had serious negative effects on their quality of life in several domains. The highest ratings of moderate stress had as well been reported in the areas of physical health (46.7%), psychological health (43.3%), social health (40.0%) and environmental health

(48.0%). Later on, poor social relationships (33.3%) and poor psychological health (30.0%) were particularly pronounced. Workload (43.3% moderate, 30.0% high), patient care (46.7% moderate), conflict with physicians (40% moderate) and lack of support (43.3% moderate) were the main stressors leading to these outcomes. On the contrary, the lowest stress (40% low) was seen in those working shifts. Findings underscore the imperative requirement of nature of interventions at the workplace to provide support systems for stress management among nursing officers.

Dixit et al. (2024) reported that registered nurses were experiencing moderate levels of compassion satisfaction, burnout, and secondary traumatic stress similar to what has been found in this current study, which subsequently indicates widespread levels of work-related stress in nursing environments and reduction in quality of life. [16]

According to Saravanan et al. (2023), finding upon study show that intensive care nurses exhibit significant prolonged stress, which they link to the adverse effects on their health and job satisfaction, which mirrors the findings that nursing professional workload and patient care demand impose a heavy burden. [17]

According to Alzoubi et al. (2024), they discussed a number of categories of driver of work-related stress among nursing staff about workload and lack of support which they supported with the current study about the significant role these stressors play in the quality of life and work experience of nurses. [18]

According to Kamble et al. (2024), the health-related problems of nursing officers brought about by the physical demands of shift work, showed an agreement with the fact that although overall stress score was less for shift workers, their working conditions are still responsible for such problems dealing with health-related issues, which proves that stress dynamics are complex.[19]

Baker and Alshehri (2020) documented increased workload and the associated stress level causing such factors not only to affect individual nurses but also increasing their impact on quality of care and safety, exactly the same as the current study concludes with the bidirectional status of work-related stress and quality of care.[20]

6. CONCLUSION

The study concludes that the quality of life of nursing officers is highly influenced by moderate levels of work-related stress. They emphasize the need for evidence-based interventions by healthcare management to reduce stressors and strengthen support systems. Transforming working conditions for nurses is a way to improve care for patients by enhancing nurse well-being.

Recommendation

Hospitals need to create stress management initiatives and strengthen their support networks to assist nursing officers in managing their job-related tension. Workplace stress reduction requires an equal distribution of work and enhanced communication between medical staff and physicians. Improved workplace wellness policies will enhance both nursing staff quality of life and nursing practice quality.

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Conflicts of Interest

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REFERENCES

[1] Podvorica, E., Rrmoku, B., Metaj, A., & Gashi, H. (2020). Level of stress at nurses working in emergency clinic and central intensive care: university clinical centre of kosovo. Open Journal of Emergency Medicine, 08(02), 39-52. https://doi.org/10.4236/ojem.2020.82005

[2] Sutharshan, N., Nufais, M., Shrirajanie, N., Munaff, M., & Kisokanth, G. (2021). Perceived work-related stress and coping strategies among critical care nurses – a preliminary study from sri lanka. International Journal of Occupational Safety and Health, 11(2), 95-99. https://doi.org/10.3126/ijosh.v11i2.36139

[3] Maddigan, J., Brennan, M., McNaughton, K., White, G., & Snow, N. (2023). The prevalence and predictors of compassion satisfaction, burnout and secondary traumatic stress in registered nurses in an eastern canadian province: a cross-sectional study. Canadian Journal of Nursing Research, 55(4), 425-436. https://doi.org/10.1177/08445621221150297

[4] Mohammed, A. (2019). Workplace stress among nurses. International Journal of Innovative Research in Medical Science, 4(12). https://doi.org/10.23958/ijirms/vol04-i12/802

[5] Hwang, S. and Shin, S. (2022). Factors affecting triage competence among emergency room nurses: a cross-sectional study. Journal of Clinical Nursing, 32(13-14), 3589-3598. https://doi.org/10.1111/jocn.16441

[6] Hrefish, Z. and AL-Hadrawi, H. (2020). Emotional intelligence and work-related stress among nurses working in psychiatric hospitals. Indian Journal of Forensic Medicine & Toxicology. https://doi.org/10.37506/ijfmt.v14i1.227

[7] Al-Shehri, M., Harazi, N., Al-Hassani, S., Alshahrani, W., Almzmommi, F., Almalki, O., … & Qusti, S. (2023). Prevalence of work-related stress and its associated factors among nursing staff in king abdallah complex at jeddah city. Journal of Pharmaceutical Research International, 35(31), 27-36. https://doi.org/10.9734/jpri/2023/v35i317464

[8] Hao, C., Zhu, L., Zhang, S., Shan, R., Zhang, Y., Ye, J., … & Yang, F. (2020). Serial multiple mediation of professional identity, and psychological capital in the relationship between work-related stress and work-related well-being of icu nurses in china: a cross-sectional questionnaire survey. Frontiers in Psychology, 11. https://doi.org/10.3389/fpsyg.2020.535634

[9] Sinanto, R. (2023). Nurse's welfare in terms of compensation, job stress, and job satisfaction against nurse performance in indonesia. Journal of International Health Sciences and Management, 9(17), 23-30. https://doi.org/10.48121/jihsam.1031261

[10] Baye, Y., Demeke, T., Birhan, N., Semahegn, A., & Birhanu, S. (2020). Nurses' work-related stress and associated factors in governmental hospitals in harar, eastern ethiopia: a cross-sectional study. Plos One, 15(8), e0236782. https://doi.org/10.1371/journal.pone.0236782

[11] Maphangela, T. (2022). Investigating the effects of occupational stress on nurses working in referral hospitals in botswana to reduce health risk. Texila International Journal of Public Health, 126-131. https://doi.org/10.21522/tijph.2013.10.04.art012

[12] Arén, C., Jaçelli, A., Gesar, B., & From, I. (2022). The work-related stress experienced by registered nurses at municipal aged care facilities during the covid-19 pandemic: a qualitative interview study. BMC Nursing, 21(1). https://doi.org/10.1186/s12912-022-01059-x

[13] Sansó, N., Vidal-Blanco, G., & Galiana, L. (2021). Development and validation of the brief nursing stress scale (bnss) in a sample of end-of-life care nurses. Nursing Reports, 11(2), 311-319. https://doi.org/10.3390/nursrep11020030

[14] Alanazi, A., Mohamed, A., Hammad, S., & Alanazi, A. (2019). Job-related stress among nurses in primary healthcare centers in arar city, saudi arabia. Electronic Physician, 11(3), 7594-7601. https://doi.org/10.19082/7594

[15] Fang, L., Fang, C., & Fang, S. (2016). Work stress symptoms and their related factors among hospital nurses. Jmed Research, 1-12. https://doi.org/10.5171/2016.746495

[16] Dixit, P., Srivastava, S. P., Tiwari, S. K., Chauhan, S., & Bishnoi, R. (2024). Compassion satisfaction, burnout, and secondary traumatic stress among nurses after the second wave of the COVID-19 pandemic. Industrial psychiatry journal, 33(1), 54–61. https://doi.org/10.4103/ipj.ipj_45_23

[17] Saravanan, P., Nisar, T., Zhang, Q., Masud, F., & Sasangohar, F. (2023). Occupational stress and burnout among intensive care unit nurses during the pandemic: A prospective longitudinal study of nurses in COVID and non-COVID units. Frontiers in psychiatry, 14, 1129268. https://doi.org/10.3389/fpsyt.2023.1129268

[18] Alzoubi, M.M., Al-Mugheed, K., Oweidat, I. et al. Moderating role of relationships between workloads, job burnout, turnover intention, and healthcare quality among nurses. BMC Psychol 12, 495 (2024). https://doi.org/10.1186/s40359-024-01891-7

[19] Kamble et al. "Impact of Shift Work and Job Category on Lifestyle Factors and Readiness to Change Among Hospital Workers: A Case-Control Study" Cureus (2024) doi:10.7759/cureus.72516.

[20] Baker and Alshehri "The Relationship between Job Stress and Job Satisfaction among Saudi Nurses: A Cross-Sectional Study" Nurse media journal of nursing (2020) doi:10.14710/nmjn.v10i3.32767.