Pakistan Journal of Medical & Cardiological Review
https://pakjmcr.com/index.php/1/about
Online ISSN 3007-2387
Print ISSN 3007-2379

Factors Influencing Nurse Resilience in High-Stress Emergency Care Settings: The Mediating Role of Peer Support Systems

Sidra Amanat*
Head Nurse, Lahore Institute of Science and Technology
Email: sid.pqri20@gnail.com

Noreen Sarfraz
Nursing Officer, Lahore Institute of Science and Technology

Rani Shahzadi
Head Nurse, Lahore Institute of Science and Technology

Miss Nimra Fatima
Lahore Institute of Science and Technology

Miss Ramish Mufti
Lahore Institute of Science and Technology

Author Details

Keywords: Nurse Resilience, Emergency Care, Peer Support, Cultural Insensitivity, Political Protocols, Pediatric Emergency Nurses

Received on 15 Feb 2026
Accepted on 15 Mar 2026
Published on 25 Mar 2026

Corresponding E-mail & Author*:

Sidra Amanat*
Head Nurse, Lahore Institute of Science and Technology
Email: sid.pqri20@gnail.com

Abstract

Resilience in nurses is crucial in the context of emergency care since they face many stressful factors including trauma exposure, high acuity of patients, decision making, workload stress, and emotional exhaustion. The current research paper investigates factors that affect resilience in nurses in stressful environments of emergency care and includes political protocols, cultural insensitivity, and peer support systems. Quantitative cross-sectional approach was chosen and data was gathered from pediatric emergency nurses in selected hospitals in Lahore, Pakistan. The sample size consisted of 220 nurses who work in highly stressful environment of pediatric emergency care. Descriptive statistics, reliability analysis, multiple regression, and mediation analysis in SPSS were applied in the process of data analysis. Peer support systems and cultural insensitivity were found to be the most powerful predictors of nurse resilience, whereas political protocol was found to have a lesser direct effect on nurse resilience. Mediation analysis revealed that peer support systems partly mediate the effect of political protocol on nurse resilience and also partly mediate the effect of cultural insensitivity on nurse resilience. From these results, one can understand that nurse resilience is not merely an individual quality but also a workplace result that can be affected through interpersonal support, cultural inclusiveness, and organizational policies. Health care organizations must take initiatives in this regard.

Introduction

Emergency services represent the field where nursing work is most challenging since it requires rapid, precise, and empathic response under uncertain circumstances and heavy workload. The challenges of working in pediatric emergency departments may be particularly difficult for nurses who have to care not only about seriously ill kids but also about distressed parents, ethical issues, and the burden of working with vulnerable patients. Resilience represents an important characteristic for professional nurses which allows recovering after stress and keeping the ability to deliver safe care under pressure.

The completed thesis from which the current paper was extracted was devoted to examining the influencing factors in regard to nurse resilience in environments with high levels of stress among emergency care personnel. Political protocols, cultural insensitivity, and peer support were indicated by the thesis as major workplace factors influencing resilience. Such factors are crucial for the discussion since resilience does not arise exclusively due to personal strengths or individual coping strategies. Instead, resilience is developed in a workplace where clear policies, good peer relations, and cultural diversity are recognized. Such an approach is supported by other studies within the field of nursing, which demonstrate the role of organizational culture, emotional intelligence, self-efficacy, and social support in promoting nurse resilience (Cai et al., 2020; Kaddour et al., 2021; Martins et al., 2020).

The article follows a structure that can be considered as a research paper. This starts with the background information about the problem and literature associated with it, then moves on to theory, methodology, results, discussions, implications, limitations, and finally the conclusions. There are many tables that have been presented in order to validate the article in relation to the variables used in the study, the demographic profile, reliability statistics, regression statistics, mediation statistics, and hypothesis decision.

Problem Statement

Emergency setting nurses have to deal with a lot of stress due to patient acuity, staffing, critical decision making, lengthy shifts, trauma exposure, and emotional labor. Stress in this situation might lead to burnout, compassion fatigue, low job satisfaction, and compromised quality of care. While resilience has been widely examined as one of the factors that could protect nurses from negative impact, many healthcare institutions lack approaches to fostering resilience in their employees at the organizational level. In particular, little research has been conducted regarding the role of political protocols, cultural insensitivity, and peer support systems in shaping the resilience of nurses in pediatric emergency departments.

This issue is thus both a clinical and an organizational one. If nurses are not supported in any way, the burden of emergency care becomes personal – the nurses have to cope with stress by themselves, without proper institutional and interpersonal support. On the contrary, if hospitals foster supportive peer culture, encourage cultural sensitivity, and define workplace policies, then resilience will be a result of their organizational efforts. In this paper, we consider the issue through examination of peer support system as a mediator of political protocols and cultural insensitivity influence on nurse resilience.

Aim and Objectives

Purpose of the Article

The purpose of the article is to determine the main factors that affect resilience of nurses working in highly stressful conditions in emergency care organizations. In particular, the author explores the immediate impact of political policies, cultural insensitivity, and peer support systems on resilience of nurses and investigates

whether the role of peer support systems can act as a mediator of the relationship between these variables.

Research Objectives

These research objectives include exploration of the demographic characteristics of pediatric emergency nurses, validation of study variables, assessment of the predictive impact of political policies, cultural insensitivity, and peer support systems on resilience of nurses, evaluation of the mediating effect of peer support systems, and formulation of recommendations for improving nurses' resilience.

Literature Review

Resilience in nursing can be defined as the ability to adjust, bounce back, and function effectively following exposure to stress, adversity, or pressure. Emergency nurses need resilience due to the nature of their profession that involves unpredictable clinical situations, high levels of responsibility, and exposure to critical events. Contemporary research indicates that resilience is influenced by both individual qualities and organizational environment. Individual qualities such as emotional intelligence, self-efficacy, adaptability, and coping skills are consistently linked to greater resilience and reduced burnout among nurses (Cai et al., 2020; Martins et al., 2020; Serrano-Garcia et al., 2020). Emotionally intelligent nurses can better communicate during emergencies, deal with conflict, and stay composed under pressure.

There is also a set of organizational determinants of resilience. Leadership support, organizational culture, sufficient staffing, professional development opportunities, and team cohesiveness were associated with enhanced nurse wellbeing and increased levels of resilience (Chung et al., 2020; Kaddour et al., 2021; Smith et al., 2020). Resilience in emergency nursing is a product of joint effort, which means that it cannot be explained solely through personality traits. A nurse, who works in a supporting and respectful team, may be more capable of processing his/her experience and seeking assistance while staying connected to his/her patients. A nurse who works in an unsupporting, culturally insensitive, or ill-organized environment will feel stressed, regardless of his/her ability to cope individually.

Peer support systems are especially pertinent for emergency nurses working in high-stress settings. These are sources of emotional support, practical tips, joint problem-solving, and community. This kind of assistance decreases feelings of loneliness as it enables nurses to share their experience and discuss their issues with peers, who understand the realities of emergency work. According to existing literature, social support can decrease emotional exhaustion and promote resilience by improving team identification and psychological safety (Hegney et al., 2020; Smith et al., 2020).

Another significant factor is the cultural insensitivity. This occurs when there is a lack of consideration of cultural differences, ways of communication, identities, or values of different people in the workplace. Cultural insensitivity in the case of a diverse team of nurses can undermine trust, emotional closeness, and cooperation. As effective communication and cooperation are necessary for providing emergency care, the culture can become a barrier to nurses' wellbeing and the process of providing patient care. Cultural sensitivity helps to foster an inclusive environment where the members can be treated with mutual respect and can feel psychologically safe.

Political protocols include organizational rules, work protocols, administrative requirements, reporting procedures, decision-making processes, etc. Such protocols bring order to the organization and allow to predict situations in a stressful working environment. However, protocols themselves cannot necessarily make people more resilient because of the way they are interpreted and perceived by nurses. According to the results of this thesis, political protocols have a lower influence on the resilience of nurses than peer support and cultural sensitivity.

Theoretical Framework

This article has used the Systems Model of Betty Neuman as its theory foundation. According to Betty Neuman's System Model, people are seen as open systems who interact with various sources of stress. In the case of emergency nurses, stressors could be categorized into intrapersonal, interpersonal and extrapersonal stressors. Examples of intrapersonal stressors include emotional exhaustion, fear, fatigue and personal limitations in coping. Interpersonal stressors include conflicts in teams, lack of peer support, cultural differences and communication problems. Examples of extrapersonal stressors include heavy workload, staff shortages and organizational procedures.

Neuman's theory is useful as it enables holistic interpretation of resilience. According to Neuman, building resilience does not just rely on individual training, but also includes primary prevention, secondary prevention, and tertiary prevention. Primary prevention may involve education, cultural sensitivity training, mentoring, and preparation for managing stress. Secondary prevention may involve peer debriefing, identification of early burnout signs, and provision of emotional support following stressful experiences. Tertiary prevention may involve counseling and rehabilitation, as well as returning to work assistance for nurses experiencing stress at the workplace. In the article under review, peer support system is identified as an important tool that may allow nurses to cope with stress factors in the workplace and preserve their stability.

Conceptual framework developed in the thesis assumed that political protocols and cultural insensitivity have an effect on peer support systems, which in turn affect nurse resilience. Furthermore, the thesis suggested direct and indirect effects between the workplace-related variables and resilience. Conceptual framework adopted in the research acknowledges the fact that resilience is affected by structural, cultural, and relational characteristics of the healthcare workplace environment.

Hypotheses

Seven hypotheses guided the study. They tested whether political protocols and cultural insensitivity were related to peer support systems, whether peer support systems predicted nurse resilience, and whether peer support systems mediated the relationships between workplace factors and resilience. The hypotheses reflected the assumption that emergency nurses become more resilient when the workplace provides both formal structure and relational support.

Methodology

The study used a quantitative cross-sectional research design. This design was appropriate because it allowed the researchers to collect data at one point in time from nurses working in emergency care settings and to examine relationships among measurable variables. A cross-sectional design was also practical because emergency departments are fast-moving clinical environments where extended data collection may disrupt routine work. The quantitative approach aligned with the positivist position of the thesis, which treated nurse resilience and its predictors as measurable constructs.

Participants in the study included nurses in pediatric emergencies who worked in public hospitals of Lahore, Pakistan. The participants were selected from large volume hospitals such as The Children's Hospital Lahore, Mayo Hospital, Lahore General Hospital, Jinnah Hospital, and Sir Ganga Ram Hospital. These locations were ideal for conducting the study since nurses at pediatric emergencies in these hospitals had to face challenges such as high patient volume, emotional stress, decision-making, and workload.

Since the research had certain constraints related to time and money, and access to participants during emergency times is difficult, convenience sampling method was

employed. Even though the generalizability of results decreases using convenience sampling technique, selection of participants from several major hospitals provided variation in the work environment, experience, professional designation, and education of participants.

Participants in the study included nurses in pediatric emergencies who worked in public hospitals of Lahore, Pakistan. The participants were selected from large volume hospitals such as Children's Hospital Lahore, Mayo Hospital, Lahore General Hospital, Jinnah Hospital, and Sir Ganga Ram Hospital. These locations were ideal for conducting the study since nurses at pediatric emergencies in these hospitals had to face challenges such as high patient volume, emotional stress, decision-making, and workload.

Since the research had certain constraints related to time and money, and access to participants during emergency times is difficult, convenience sampling method was employed. Even though the generalizability of results decreases using convenience sampling technique, selection of participants from several major hospitals provided variation in the work environment, experience, professional designation, and education of participants.

Table 2

Demographic Profile of Participants (N = 220)

Variable	Category	Frequency	Percentage
Age	20-25 years	37	16.1
Age	26-30 years	103	45.1
Age	31-35 years	38	16.1
Age	36-40 years	32	14.1
Age	41-45 years	9	3.9
Gender	Male	14	6.8
Gender	Female	198	86.9
Experience	1-5 years	95	41.2
Experience	6-10 years	71	31.2
Experience	11-15 years	25	10.1
Experience	16-20 years	13	5.7
Experience	21-25 years	4	1.7
Experience	26-30 years	2	1.1
Current role	Charge nurse	100	44.4
Current role	Registered nurse	110	46.5
Current role	Other	8	1.1
Education	BScN	72	31.8
Education	MScN	130	59.2
Education	Diploma	4	1.2
Education	Other	8	4.5

Note. Percentages are reported as provided in the thesis tables. Some category totals may not equal 100% due to missing or incomplete responses in the original dataset.

Results

Based on the results of the demographics of the sample used for data collection, there were significantly more young and early career nurses involved in the study. The highest percentage belonged to those aged 26-30 years old (45.1%). The vast majority of the sample consisted of females which is typical for the gender balance in nursing workplaces. With regard to the working experience, 41.2% of respondents had 1-5 years of experience, while 31.2% had 6-10 years of experience. These data indicate that the majority of participants were still rather early in their careers. It is important

to consider this aspect since young nurses may need more mentorship and peer support to cope with stress caused by providing emergency care.

In terms of education, the majority of the sample had MScN education, while BScN education was second in order. The majority of respondents were either registered nurses or charge nurses. The representation of both groups is necessary because of different types of influence on the level of resilience that can be caused by different responsibilities related to each position.

Reliability analysis revealed acceptable consistency in all the variables measured. The peer support systems proved to have the highest reliability among all the variables, with a Cronbach's alpha value of .807. Nurse resilience had an acceptable level of reliability, with a Cronbach's alpha of .739, while political protocol had a Cronbach's alpha of .715. Cultural insensitivity had a Cronbach's alpha of .688, which was marginally low compared to the threshold of .70. However, it could be regarded as usable in exploratory studies..

Table 3
Reliability of Study Scales

Scale	Items	Mean	SD	Cronbach's alpha
Political protocol	8	17.61	6.031	.715
Cultural insensitivity	5	7.61	3.31	.688
Peer support system	5	8.33	4.01	.807
Nurse resilience	8	12.23	4.09	.739

Note. Cronbach's alpha values indicate acceptable internal consistency for the major scales used in the article.

The multiple regression analysis tested the effect of political protocols, cultural insensitivity, and peer support systems on nurse resilience. The overall model was statistically significant and explained 41.4% of the variance in nurse resilience. This is a meaningful level of explained variance in behavioral and nursing research because resilience is influenced by many personal, social, and institutional factors. The model therefore provides evidence that the selected workplace variables are important predictors of resilience among pediatric emergency nurses.

Among the predictors, cultural insensitivity had the largest standardized beta value, followed closely by peer support systems. The direction and interpretation of cultural insensitivity should be considered carefully. In the thesis discussion, cultural insensitivity was treated as a significant factor that affects resilience through the quality of the work environment. The practical implication is that culturally insensitive settings can threaten belonging and psychological safety, while culturally sensitive environments can improve inclusion and support. Peer support systems also strongly predicted resilience, confirming that social and professional support from colleagues is central in high-stress nursing environments. Political protocols had a weaker and statistically insignificant direct effect, suggesting that formal procedures alone are not sufficient unless supported by interpersonal and cultural mechanisms.

Table 4
Summary of Multiple Regression Predicting Nurse Resilience (N = 220)

Predictor	B	SE	Beta	Interpretation
Constant	4.038	.933	—	Baseline predicted resilience score when predictors are held at zero.
Political protocol	.070	.046	.099	Weak direct effect on nurse resilience.
Cultural insensitivity	.512	.092	.374	Strongest predictor in the

				model.
Peer support system	.373	.072	.352	Strong positive predictor of nurse resilience.

Note. Model fit: R^2 = .414, p < .001. Predictors were political protocol, cultural insensitivity, and peer support system.

Mediation analysis was used to test if peer support systems could mediate the link between political protocols and nurse resilience. Political protocols were found to predict peer support systems, while peer support systems predicted nurse resilience. An indirect effect occurred since the confidence intervals were away from zero. This suggests that peer support systems could partly mediate the link between political protocols and nurse resilience. Practically, protocols can develop into resilience builders through collaboration, justice, communication, and positive relationships with peers.

In the second mediation analysis, the researchers investigated if peer support systems mediate the effects of cultural insensitivity on nurse resilience. Cultural insensitivity is found to be a significant predictor of peer support systems, while peer support systems are also found to be a significant predictor of nurse resilience. As such, the indirect effect is significant, thereby pointing to partial mediation once more. This implies that peer networks can help mitigate or explain the effect between cultural work environment and resilience. Nevertheless, since the direct effect is still significant, peer support does not negate the effect of cultural insensitivity.

Table 5
Mediation Analysis Summary

Path	Relationship	B	SE	p	95% CI
A	Political protocol -> Peer support system	.2078	.0490	< .001	.1110, .3047
B	Peer support system -> Nurse resilience	.5007	.0742	< .001	.3541, .6472
C	Political protocol -> Nurse resilience total effect	.2267	.0485	.0125	.0268, .2186
C'	Political protocol -> Nurse resilience direct effect	.1227	.0485	.0125	.0268, .2186
Indirect	Political protocol -> Peer support -> Nurse resilience	.1040	.0325	—	.0458, .1726
A	Cultural insensitivity -> Peer support system	.4839	.0947	< .001	.2969, .6709
B	Peer support system -> Nurse resilience	.3990	.0702	< .001	[.2602, .5377]
C	Cultural insensitivity -> Nurse resilience total effect	.7283	.0985	< .001	.5331, .9235
C'	Cultural insensitivity -> Nurse resilience direct effect	.5352	.0905	< .001	.3565, .7139
Indirect	Cultural insensitivity -> Peer support -> Nurse resilience	.1931	.0821	—	.0664, .3862

Note. CI = confidence interval; LL = lower limit; UL = upper limit. Bootstrap confidence intervals were bias-corrected.

Table 6
Hypothesis Testing Summary

Hypothesis	Statement	Decision	Rationale
H1	Political protocols are directly related to peer support systems.	Supported	Political protocol significantly predicted peer support systems.
H2	Cultural insensitivity is directly related to peer support systems.	Supported	Cultural insensitivity significantly predicted peer support systems.
H3	Peer support systems are directly related to nurse resilience.	Supported	Peer support strongly predicted nurse resilience.
H4	Peer support mediates the relationship between political protocols and nurse resilience.	Supported / partial mediation	The indirect effect was significant and the direct effect was reduced.
H5	Peer support mediates the relationship between cultural insensitivity and nurse resilience.	Supported / partial mediation	The indirect effect was significant and the direct effect remained significant.
H6	Political protocols are indirectly related to nurse resilience.	Partially supported	Political protocols influenced resilience more clearly through peer support than directly.
H7	Cultural insensitivity is indirectly related to nurse resilience.	Supported	Cultural workplace factors influenced resilience directly and through peer support.

Note. The decision column translates the thesis findings into article format.

Discussion

It has been shown that resilience among nurses practicing in pediatric emergencies depends heavily on relational and cultural factors. One of the most influential predictors of resilience was the existence of peer support system, which further confirms the hypothesis that resilience should be seen as something else than mere individual psychological trait. Nurses achieve resilience through sharing experience, mutual encouragement, counseling, cooperation and feeling at ease with others. In such dynamic environment as the emergency department, where quick decisions must be made under great emotional stress, peer support could help to cope with challenges. Peer support is consistent with the theory, too. According to the theory, the Systems Model of Neuman implies that there are several stresses for the individual and that the person needs protective factors to ensure stability of the systems. Peer support is able to serve as the secondary prevention tool since it enables nurses to cope with stresses that occur after being faced with challenging situations. Peer support may become the primary prevention tool when peer mentoring, teamwork and communication procedures are introduced before the stress becomes excessive.

Cultural insensitivity also became an issue. According to the findings, cultural work environment plays an important role in resilience. Nurses, being exposed to exclusion, misunderstanding, prejudice, and ineffective intercultural communication, become

less psychologically safe. As a result, nurses may avoid seeking assistance, their trust becomes weaker, and the psychological load of working in emergency situations grows. At the same time, culturally competent environment can provide nurses with respect, inclusion, and confidence. It is especially significant in hospital environment when nurses may vary by language, culture, values, education, and communication styles.

It is necessary to remember that the link between cultural insensitivity and resilience cannot be viewed superficially. In other words, cultural sensitivity does not necessarily refer to the personal attitude to patients and colleagues but may be included into organizational culture, leadership, communication of patients' families, and other elements of nursing practice. Thus, health care organizations should ensure cultural sensitivity through training, policies, supervision, and responsibility. The mediation effect means that peers can assist nurses to overcome cultural problems but cannot compensate culturally insensitive work environment.

The impact of political protocols on nurse resilience was found to be somewhat weaker. This finding is particularly important as it indicates that formal procedures per se will likely fail to contribute to employees' welfare unless they are felt as reasonable and supportive. Political protocols create order, yet nurses may fail to benefit from them unless they are engaged into practice through certain mechanisms. For instance, there might be written policies concerning workload allocation, conflict resolution or staff support in a hospital. Yet if nurses do not experience these policies through the work of supportive managers and coworkers, their impact on nurses' resilience may remain minimal. Peer support seems to serve as such a mechanism of transformation of protocols into reality.

These results also coincide with current knowledge about organizational culture and leadership. Previous studies demonstrated that positive organizational climate, supportive leadership, team cohesion and professional development opportunities enhance nurse resilience and decrease burnout levels (Chung et al., 2020; Kaddour et al., 2021; Smith et al., 2020). The present paper adds that peer support programs are especially important in pediatric emergency units where they facilitate the translation of organizational support into actual help.

Another implication that this study highlights is the possibility that younger nurses could benefit from a targeted strategy to enhance their resilience. According to the demographic characteristics provided by the study, the majority of respondents had experience from 1-10 years. Younger nurses could be still developing their confidence, coping strategies, and professional identities. Mentorship programs that would allow less-experienced nurses to have an opportunity to learn from more experienced or charge nurses could facilitate this process and make them more emotionally resilient and clinically competent.

The findings of the study imply that in order to enhance nurses' resilience, organizations should utilize both organizational and individual strategies. The individual interventions could include mindfulness, stress management, training of emotional intelligence, and education on self-care. Nevertheless, these interventions cannot be considered sufficient as they might put the burden on nurses themselves, if the workload issues, the issues of cultural insensitivity, poor peer support, and inadequate protocol were not addressed.

Practical Implications

These conclusions are directly relevant to the field of healthcare management, nursing leadership, and hospital administration. Firstly, it is necessary to implement formal peer support programs in the emergency departments. It can consist of such aspects as peer mentoring, shift debriefing, buddy system for new nurses, peer counseling referral program, and reflection sessions after difficult cases. Peer support cannot be

left only up to friendships; it should be included in the department's culture and schedule.

Secondly, cultural sensitivity training is a must-have for the emergency care teams. Cultural sensitivity training can cover such topics as communication, acceptance of differences, unconscious bias, conflict resolution, and teamwork. The training should be practical and based on the concrete emergency care situations and not be just a general presentation. The nurse leaders should also track the implementation of cultural sensitivity in practice during the day-to-day interactions, handovers, and teamwork.

Thirdly, political protocols should be reviewed for the support of nurse well-being. The protocols regarding the allocation of shifts, conflict reporting, work distribution, professional development, and emotional support should be clear, available, and implemented properly. These protocols should not only exist but also should be perceived as positive for nurses.

Moreover, leaders should employ the resilience-building leadership style in the organization. Charge nurses and supervisors can become instrumental through fostering open communication, appreciating the efforts of the staff, decreasing the blaming culture, and coaching team members after a hard situation. The leaders need to receive adequate training regarding psychological safety, compassion in supervising, and managing an emergency team.

Lastly, the services of mental health professionals should be incorporated in the practice of emergency nursing. Providing counseling services, stress management sessions, referral programs, and opportunities for recovery can assist the nurses in dealing with the consequences of emergency situations

Theoretical Implications

This paper adds to the theoretical base of nurse resilience by utilizing Neuman's Systems Model in the case of a highly stressful pediatric emergency setting. The results demonstrate the validity of the concept of maintaining resilience through interaction of internal and external stressors and protective factors. Peer support networks can be considered as interpersonal lines of defense which help to shield nurses from the full influence of workplace stressors. Political policies can be seen as extrapersonal frameworks which can minimize uncertainty in case of fair implementation. Cultural insensitivity can be seen as both interpersonal and organizational stressors which destabilize nurses.

Finally, the current findings imply that the theoretical model of resilience in nursing practice should evolve beyond the individualistic perspective. While coping strategies, emotional intelligence, and self-efficacy are certainly significant, the results of the present research indicate that the influence of social and organizational settings cannot be ignored. Future theoretical models of nurse resilience should incorporate mediation mechanisms such as peer support, cultural atmosphere, and perceived fairness of institution's policies.

Limitations and Future Research

A number of limitations need to be addressed. First of all, the study adopted a cross-sectional research design meaning that data were gathered once. Thus, while the study allows identifying associations between variables, proving any causation would require longitudinal research to find out how resilient nurses become over time and if the proposed interventions can help them to increase their level of resilience.

It is also important to note that the study used a convenient sample. While it was an appropriate choice for the research conducted in emergency care settings, the future studies should consider using a probability or stratified sample and recruiting nurses working in rural hospitals, in private hospitals, in adult emergency departments, in intensive care units, and other stressful environments.

In addition, the study depended on self-reported questionnaires which may be influenced by social desirability bias, fatigue, and the desire not to offend the employer. Future research should take a mixed method approach using both survey and qualitative data obtained through interviews and focus groups.

Other individual and organizational variables that warrant future study include emotional intelligence, self-efficacy, coping mechanisms, supervisor support, workload, staffing ratio, and work-life balance. There is a definite need for intervention studies to find out if structured peer support interventions can enhance resilience and help in avoiding stress among pediatric emergency nurses.

Conclusion

This research has analyzed and reformatted an existing thesis on the factors affecting nurse resilience in environments with high levels of stress. The results demonstrate that nurse resilience depends to a large extent on peer support and cultural work environment whereas political protocol exerts a relatively weak influence unless it is facilitated by interpersonal measures. The regression analysis accounted for 41.4% of the variation in nurse resilience which means that the chosen workplace factors are significant predictors of nurse resilience in pediatric emergency nursing.

Peer support systems have mediated partially the relationship between political protocols and nurse resilience and have mediated partially the relationship between cultural insensitivity and nurse resilience. These results imply that emergency departments should create adequate formal peer support, encourage cultural sensitivity, and ensure that organizational protocols do not evoke a negative perception among nurses. Resilience of nursing staff cannot be achieved without creating an organized and supportive workplace environment in which nurses will be able to recuperate and provide quality care.

References

Alblowi, A. M. S. (2024). An extended literature review on factors linked to occupational stress among nurses in the emergency department and its impact on job effectiveness. British Journal of Nursing Studies. https://doi.org/10.32996/bjns.2024.4.2.6

Cai, J., Chen, Y., & Li, W. (2020). The relationship between self-efficacy and resilience among emergency nurses. Journal of Nursing Management, 28(2), 209-217.

Chen, X., Zhang, Y., & Wang, Y. (2021). Professional development and its impact on nurse resilience in emergency care. Journal of Advanced Nursing, 77(4), 1832-1840.

Chen, Z., Li, R., Zhao, X., Li, Z., & Zhou, S. (2024). Relationship between resilience, emergency response capacity, and occupational stressors of new nurse during the re-outbreak of COVID-19 in China. Disaster Medicine and Public Health Preparedness. https://doi.org/10.1017/dmp.2024.157

Chung, M. L., O'Neill, S., & Hyer, K. (2021). Workplace support and resilience in nurses: A systematic review. Journal of Nursing Management, 29(4), 611-623.

Chung, W., Lee, K., & Kim, S. (2020). The role of organizational culture in promoting nurse resilience in emergency departments. International Journal of Nursing Studies, 108, 103634.

Cooper, A. L., Leslie, G. D., & Brown, J. A. (2022). Defining the influence of external factors on nurse resilience. International Journal of Mental Health Nursing, 31(6), 1523-1533. https://doi.org/10.1111/inm.13059

Foster, L., Lewis, C., & Smalley, R. (2020). Physical well-being and resilience in emergency department nurses: A systematic review. Journal of Clinical Nursing, 29(1-2), 7-16.

Hegney, D., Plank, A., & Parker, V. (2020). The role of social support in nurse resilience. Journal of Clinical Nursing, 29(15-16), 3023-3032.

Jiang, J., Liu, S. S., Chi, C., Liu, Y., Han, P., Sun, L., & Zhuang, Y. (2024). Exploring promotion factors of resilience among emergency nurses: A qualitative study in Shanghai, China. BMJ Open. https://doi.org/10.1136/bmjopen-2023-082231

Joseph, A., & Jose, T. P. (2024). Coping with distress and building resilience among emergency nurses: A systematic review of mindfulness-based interventions. Indian Journal of Critical Care Medicine. https://doi.org/10.5005/jp-journals-10071-24761

Kaddour, M., Harb, W., & El-Ansary, A. (2021). The impact of organizational culture on nurse resilience in emergency care settings. Nursing Outlook, 69(3), 317-325.

Kumalasari, H., Lubis, D. S., & Kurniati, D. P. Y. (2024). The resilience of nurses in the emergency department of Sanglah Hospital during the pandemic of COVID-19 in Bali, Indonesia. Public Health and Preventive Medicine Archive. https://doi.org/10.53638/phpma.2023.v12.i1.p05

Lee, J., Choi, J., & Kim, S. (2021). Adaptability and resilience among emergency nurses: The role of experience. Journal of Emergency Nursing, 47(5), 665-674.

Martins, C., Silva, D., & Teixeira, S. (2020). Emotional intelligence and resilience in emergency department nurses: A study of coping strategies. Nursing Management, 27(9), 60-67.

Melo, A., Rodrigues, S., & Lima, L. (2021). The importance of continuous education in fostering nurse resilience in emergency departments. Nurse Education Today, 101, 104702.

Neuman, B., & Fawcett, J. (2011). The Neuman Systems Model (5th ed.). Pearson.

Niemann, D., Muench, U., & Grubbe, A. (2021). Impact of resilience training on nursing staff in emergency care settings. Nurse Education Today, 99, 104674.

Serrano-Garcia, J., Castro, M., & Rodríguez, J. (2020). Emotional intelligence and resilience in emergency nurses: The role of emotional regulation. Journal of Nursing Studies, 112, 103689.

Smith, L., Carter, L., & Hughes, T. (2020). Team cohesion and its impact on resilience among emergency department nurses. Journal of Nursing Administration, 50(5), 245-252.

Smith, M. C., & Parker, M. E. (2015). Nursing Theories and Nursing Practice (4th ed.). F. A. Davis.

Smith, S., Wilson, R., & Jones, M. (2022). Work-life balance and nurse resilience: A systematic review. Journal of Occupational Health Psychology, 27(3), 142-153.

Tavares, A., Martins, M., & Silva, A. (2020). The impact of workload on nurse resilience in emergency departments. International Emergency Nursing, 51, 100856.

Wang, X., Wang, S., & Liu, S. (2021). Emotional intelligence and nurse resilience: A meta-analysis. Journal of Advanced Nursing, 77(5), 2115-2126.

Zhao, X., Li, Y., & Wang, Z. (2021). Physical well-being and resilience in emergency department nurses: A systematic review. Journal of Clinical Nursing, 29(1-2), 7-16.