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

Occupational Challenges Faced by Nurses in Tertiary Care Hospitals of Peshawar, Pakistan: A Cross-Sectional Study

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Keywords: Nurses; Workplace Challenges; Occupational Stress; Job Satisfaction; Tertiary Care Hospitals; Pakistan

Received on 05 Apr 2026
Accepted on 25 Apr 2026
Published on 06 May 2026

Abstract

Nursing is very honorable and admirable profession in the entire world. It has been an important part of every culture and society. However, in our region nurses are facing many problems, which have to be addressed seriously by the concern authority. I gained the idea of conducting research on this topic by studying the seriousness of the issue. In my research first of all I choose the topic then I study the literature to clarify my concept then I develop research design, I developed interview schedule and collect the data from the relevant respondents.

The researcher selected 300 respondents from LRH, KTH, and HMC Peshawar on sampling basis. After data collection the study went through data classification. Report writing process includes study findings, suggestions and conclusions.

The study indicates that nurses sacrifice their lives for the noble cause but in return they have not given much incentive either their basic rights. A heavy workload and shortage of staff put the situation more difficult for nurses. In case of obtaining higher education, they did not get any reward / increment or promotions. Prolong duty hours

affect their performance and also disturb their family affairs. Lack of security and lack of respect is another concerning problem for nurses. Beside this non-availability of conveyance and residential accommodation facility, public attitude and some other points are highlighted in this study. To resolve these problems the researcher intended certain applicable suggestions, such as provision of security, residential accommodation, reward and incentive for the highly educated nurses, etc. will be helpful for the betterment of their future.

Introduction

Nursing is commonly known to be one of the most stressful and challenging careers in the health system. Nurses are in the center of patient care and in most cases, they can be the first point of contact with patients and the healthcare services(1). Their roles are not just limited to clinical functions but also emotional support, care coordination, and family and multidisciplinary team communication. Nonetheless, the multifaceted and challenging nursing practice also subjects nurses to numerous occupational problems that may negatively impact their health, mental well-being, and career output(2).The healthcare systems around the world are under pressure because of the growing population, diseases burden and limited resources. These issues are especially acute in developing nations, where the healthcare infrastructure is not only under-resourced, but also understaffed. Nurses in these environments often experience heavy workloads, understaffing, scarce resources, and low-quality working conditions, which are all causes of occupational stress and burnout(3). Occupational stress in nurses has been noted to be a significant issue as it is not only influencing the well-being of the healthcare professionals, but also the quality of care and safety of patients(4).Other studies indicate that the concept of occupational stress in nursing is a complex one with an array of organizational, professional, and personal factors contributing to this phenomenon. The stressors that are prevalent are; excessive working hours, excessive patient-nurse ratio, exposure to critically ill patients, emotional strain, and organizational support (5). Research has indicated that burnout may also develop as a result of long-term exposure to these stressors, which are typified by emotional exhaustion, depersonalization, and low personal accomplishment (6). Nurses who experience burnout have been linked to high levels of absenteeism, job dissatisfaction, low productivity and turnover and this has become a major challenge to the healthcare systems across the globe(7).

Besides stress caused by workload, other workplace stressors that nurses are likely to face include; insufficient resources, role ambiguity, professional autonomy and limited career growth. Nurses can also be subjected to workplace violence, bullying, and discrimination in most healthcare environments particularly in low- and middle-income nations which also enhances stress levels (8) (8). Such problems not only harm mental health of nurses but also impede their capacity to provide effective and caring care.The case is especially worrisome in developing nations such as Pakistan, where the healthcare system has a number of structural and functional issues. Inadequate funding of healthcare, lack of trained staff, and a growing number of patients burden nursing staff to a lot of pressure. The research published in the tertiary care hospitals in Pakistan has indicated occupational stress, burnout, and job dissatisfaction among nurses were high (9).Some of the factors that have been found to contribute to stress in this population include heavy workload, staffing, lack of supportive supervisions and poor working conditions(10). Additionally, nurses in Pakistan have a tendency of operating in resource-constrained and high expectation environments. They might be expected to do several tasks at the same time and in many cases without sufficient support and appreciation. The job performance, as well as patient outcomes, are also influenced by this role overload, which adds to stress increase as well (11).Studies have revealed that work-related stress among nurses in Pakistan is linked to lower job satisfaction, higher turnover intentions to leave the job

and lower quality of care (12).A second critical factor in workplace issues in nursing is the burden of patient care that comes with psychological and emotional strain. Nurses work with very sick patients, patients in pain and patients dying every day, this may cause emotional burnout and compassion fatigue (13). Without proper coping strategies and institutional advocacy, such experiences may impact negatively on the mental health of nurses as well as their professional commitment in the long run.Healthcare organizations are also impacted by workplace challenges to a great extent. Nurses with high stress levels and burnout may be less efficient, make more medical errors, and decrease patient satisfaction (14). Moreover, job dissatisfaction also leads to nurse turnover that causes financial and operational expenses to healthcare facilities. Solving the problems in the workplace is thus vital not just to the health of the nurses but also to the overall efficiency and viability of healthcare systems (15).

Although these issues have been increasingly acknowledged, little research has been done on the workplace issues of nurses in tertiary care hospitals within the public sector in Peshawar, Pakistan. Although research has been conducted on occupational stress and burnout in other parts of the country, there is still lack of understanding of the challenges faced by nurses in this situation (16). Recognizing these challenges is essential to create specific interventions and policies to provide better working conditions and the quality of nursing care.

Considering the high importance of nurses in the process of healthcare delivery, there is a need to investigate the nature and scope of workplace issues that they experience. To reduce stress levels, enhance job satisfaction, and foster a positive working environment, healthcare administrators and policymakers may find such challenges useful in designing strategies to address them. These interventions can be in terms of better staffing levels, giving employees professional development opportunity, organizational support, and the adoption of policies to deal with workplace violence and discrimination (17).

Thus, the purpose of the research is to evaluate the issues of nurses at the workplace at the public sector tertiary care hospitals in Peshawar, Pakistan. This study will hopefully add to the current body of knowledge by identifying the major challenges, and their effects on the well-being and performance of nurses and give evidence-based suggestions on how to improve nursing practice and healthcare outcomes.

Methods

Study Design

A cross-sectional descriptive study was based in a hospital to explore the workplace issues that nurses in tertiary care hospitals encountered.

Study Setting and Population

It was conducted in three main public sector tertiary care hospitals in Peshawar, Pakistan: Lady Reading Hospital (LRH), Khyber Teaching Hospital (KTH) and Hayatabad Medical Complex (HMC). The study population was registered nurses who work in different clinical units such as medical, surgical, emergency, and intensive care units.

Study Duration

The research was conducted in a six months period between December, 2024 and June 2025.

Sample Size and Sampling Technique

The required sample size was calculated with a standard formula of calculating the sample size or Raosoft calculator, which you use in your thesis taking a 95% confidence level with a 5% margin of error. The last sample consisted of 100 nurses. Participants were recruited through the use of a non-probability convenience sample

method. Nurses were chosen across hospital units and shifts to increase the representativeness.

Eligibility Criteria

Inclusion Criteria:

Registered nurses working in LRH, KTH, and HMC
Nurses directly involved in patient care
Nurses willing to participate in the study

Exclusion Criteria:

Nurses in administrative or managerial roles (e.g., nursing directors, supervisors)
Nurses not directly involved in patient care
Those unwilling to participate

Data Collection Procedure

Data were collected upon receiving appropriate permissions regarding the same with the hospital administrations. Subjects were contacted within their working hours and made aware of the aim of the research. Informed consent was obtained by writing beforehand. All participants were given ample time to fill the questionnaire and clarification was made where necessary. There was strict confidentiality and anonymity of responses.

Ethical Considerations

The study was conducted with strict adherence to the ethical principles. All participants were asked to participate voluntarily and informed consent was taken. No personal identifiers were noted and the information was maintained in confidence and used only in the research. The hospital authorities were contacted to ensure that they gave their consent to carry out the study.

Data Analysis

Statistical Package of Social Sciences (SPSS) version was used to enter and analyze the data. Chi-square tests, were used to determine the relationship among variables and the significance level was set at $p < 0.05$.

Results

This study involved a sample of 300 nurses with a 100% response rate. The findings are presented in six tables, grouped by theme. When indicated, chi-square tests of goodness-of-fit were used to identify whether differences existed between observed and expected frequencies. A p-value of less than .05 was considered statistically significant.

Here we represent the demographic information of the 300 nurse participants in a table 1. The majority were female (98%, n = 294), with only 2% (n = 6) male. The largest age group was 26–30 years (42%, n = 127), followed by 21–25 years (24%, n = 72). Regarding education, most nurses held a BA/BSc degree (34%, n = 102), followed by FA/FSc (28%, n = 84) and Metric (24%, n = 72). Regarding work experience, the nurses had 5-10 years (37%, n = 110) and less than 5 years (30%, n = 90) of experience. The majority of respondents were married (60%, n = 180), followed by unmarried (35%, n = 105). The majority had a monthly salary of Rs. 13,000–17,000 (40%, n = 120), lived in urban areas (68%, n = 204), and resided outside the hospital (60%, n = 180).

Table 2 presents the results of workplace harassment and bossism. In terms of sexual harassment, 26% (n = 78) of nurses reported sexual harassment at their workplace, whereas 74% (n = 222) did not report sexual harassment, $\chi^2(1, N = 300) = 69.12$, $p < .001$. This was significantly different to an expected even distribution, $\chi^2(1, N = 300) = 69.12$, $p < .001$. In terms of hierarchy, 66% (n = 198) of the respondents agreed that bossism or superiority complex shown by specialists and senior nurses is an issue in the nursing profession, while 34% (n = 102) disagreed, $\chi^2(1, N = 300) = 30.72$, p

< .001. Also, 40% (n = 120) of nurses felt unsafe in the hospital, mainly because of the lack of security, $\chi^2(1, N = 300) = 12.00$, $p = .001$.

The present study illustrate the job satisfaction, salary and workload management in the table 3. More than half of the nurses (65%, n = 196) reported being satisfied with their job, while 35% (n = 104) expressed dissatisfaction, $\chi^2(1, N = 300) = 25.92$, $p < .001$. The common factors that caused job dissatisfaction were lack of respect (n = 42, 40%), disturbed work-life balance (n = 35, 34%), and lack of facilities (n = 27, 26%). Regarding salary, 64% (n = 192) reported that their salary fulfills their needs, whereas 36% (n = 108) stated it does not, $\chi^2(1, N = 300) = 23.52$, $p < .001$. Of these nurses, 39% (n = 42) had a second job, 33% (n = 36) were supported by spouse's salary, and 28% (n = 30) managed in other ways.

Workload was identified as a significant problem by 82% (n = 246) of nurses, $\chi^2(1, N = 300) = 123.0$, $p < .001$. Among these, 57% (n = 140) demanded additional staff, while 43% (n = 106) managed by doing extra work, $\chi^2(1, n = 246) = 4.70$, $p = .030$. Similarly, 80% (n = 240) of respondents reported insufficient staff in their units, $\chi^2(1, N = 300) = 108.0$, $p < .001$, with 57% demanding more staff and 43% working extra hours

In same way, table 4 shows the effect of the nursing profession on family relations and coping strategies. Two-thirds of the sample (67%, n = 201) reported that their professional life disturbs their family life, while 33% (n = 99) believed that the profession has no impact on family life, $\chi^2(1, N = 300) = 34.68$, $p < .001$. Among these, the most prevalent coping strategy was taking additional leave (48%, n = 96), using weekends for family-related activities (39%, n = 78) and avoiding personal or social activities (13%, n = 27), $\chi^2(2, n = 201) = 30.81$, $p < .001$. Further, 54% (n = 162) of nurses felt their profession interfered in their social life, although this was not statistically significant, $\chi^2(1, N = 300) = 1.92$, $p = .166$. In terms of family attitude, 72% (n = 216) considered it to be good, 14% (n = 42) satisfactory, 8% (n = 24) bad and 6% (n = 18) very bad. Public attitude, however, was less favorable, with only 24% (n = 72) perceiving it as good, 38% (n = 114) as bad, and 18% (n = 54) as very bad.

A large majority of nurses (77%, n = 231) reported that conflicts arise in their units with other staff members, $\chi^2(1, N = 300) = 87.48$, $p < .001$ in table 5. The primary reasons for conflicts were duty roster issues (50%, n = 115), misbehavior of staff (32%, n = 75), and shortage of staff (18%, n = 41), $\chi^2(2, n = 231) = 36.76$, $p < .001$. Regarding administration, 62% (n = 186) described the hospital administration as cooperative, while 38% (n = 114) did not, $\chi^2(1, N = 300) = 17.28$, $p < .001$. Satisfaction with duty hours was low, with only 32% (n = 96) expressing satisfaction, compared to 68% (n = 204) who were dissatisfied, $\chi^2(1, N = 300) = 38.88$, $p < .001$. Furthermore, 72% (n = 216) reported that duty rosters are prepared according to rules and regulations, $\chi^2(1, N = 300) = 58.08$, $p < .001$.

On the question of attitudes of other healthcare professionals, 56% (n = 168) of the nurses rated the attitude of paramedics as good, and 14% (n = 42) as bad. The attitude towards doctors was more positive, and 76% (n = 228) rated it as good, and only 14% (n = 42) as bad. Attitude of the own colleagues was rated as good (74%, n = 222), supervisors as good (72%, n = 216), and the Matron/Chief Nursing Officer as good (64%, n = 192) by nurses.

The large majority (82% n = 246) indicated that they had not been offered any refreshers courses, and only 18% (n = 54) indicated they had access to any refreshers, χ 2(1, N = 300) = 62.72, p <.001. Out of those who were not given refresher courses, 76% (n = 188) indicated that they wanted everyone to get equal opportunity, 14% (n = 34) indicated that everyone should get courses and 10% (n = 24) indicated that senior nurses should be given priority, 205.3, p =.001 (table 6).

Regarding night duty, 40% (n = 120) suggested provision of security for nurses on night shifts, 24% (n = 72) recommended reducing duty hours, 20% (n = 60) requested exemption from night duty, and 16% (n = 48) suggested that nurses should perform

duty only in female wards, $\chi^2(3, N = 300) = 45.60$, $p < .001$. Notably, 70% (n = 210) of nurses reported that they can work in male wards with peace of mind, $\chi^2(1, N = 300) = 48.00$, $p < .001$.

Concerning future prospects, 76% (n = 228) of respondents believed that nursing has a bright future, $\chi^2(1, N = 300) = 81.12$, $p < .001$. All 300 nurses (100%) agreed that they should receive allowances or increments after obtaining higher education or specialty training. Additionally, 76% (n = 228) reported having authority over personnel and material resources in their units, $\chi^2(1, N = 300) = 81.12$, $p < .001$.

Table 1: Demographic Characteristics of Respondents (N = 300)

Characteristic	**Category**	**n**	**%**
Age (years)	21–25	72	24
	26–30	127	42
	31–35	41	14
	36–40	54	18
	41–45	6	2
Gender	Male	6	2
	Female	294	98
Education	Metric	72	24
	FA/FSc	84	28
	BA/BSc	102	34
	MA	42	14
Years of experience	Less than 5 years	90	30
	5–10 years	110	37
	11–15 years	60	20
	More than 15 years	40	13
Marital status	Married	180	60
	Unmarried	105	35
	Divorced / Widowed	15	5
Salary (Rs.)	8,000–12,000	108	36

Characteristic	Category	n	%
	13,000–17,000	120	40
	18,000–22,000	60	20
	23,000–27,000	12	4
Dwelling	Rural	90	30
	Urban	204	68
	Suburban	6	2
Accommodation	Inside hospital	120	40
	Outside hospital	180	60

Table 2: Workplace Harassment, Security, and Bossism (N = 300)

Variable	Response	n	%	Test statistic	p
Sexual harassment at duty place	Yes	78	26	$\chi^2 = 69.12$	< .001
	No	222	74		
Bossism/superiority by seniors is a problem	Yes	198	66	$\chi^2 = 30.72$	< .001
	No	102	34		
Feel secure in hospital	Yes	180	60	$\chi^2 = 12.00$	.001
	No	120	40		
Reason for insecurity (n = 120)	Lack of security	120	100	N/A	N/A

Table 3: Job Satisfaction, Salary Needs, and Workload (N = 300)

Variable	Response	n	%	Test statistic	p
Job satisfaction	Yes	196	65	$\chi^2 = 25.92$	< .001
	No	104	35		
Reasons for dissatisfaction	No respect	42	40	N/A	N/A

Variable	Response	n	%	Test statistic	p
(n = 104)	Disturbed life	35	34		
	Lack of facilities	27	26		
Salary fulfilling needs	Yes	192	64	χ^2 = 23.52	< .001
	No	108	36		
If no, management strategies (n = 108)	Second job	42	39	N/A	N/A
	Spouse support	36	33		
	Other	30	28		
Workload in ward	Yes	246	82	χ^2 = 123.0	< .001
	No	54	18		
If yes, management (n = 246)	Do extra work	106	43	$\chi^2 = 4.70$	.030
	Demand for staff	140	57		
Enough staff in unit	Yes	60	20	χ^2 = 108.0	< .001
	No	240	80		

Table 4: Family Relations and Coping Strategies (N = 300)

Variable	Response	n	%	Test statistic	p
Profession influences family relations	Yes	201	67	χ^2 = 34.68	< .001
	No	99	33		
Coping strategies among those affected (n = 201)	Utilize weekends	78	39	χ^2 = 30.81	< .001

Variable	Response	n	%	Test statistic	p
	Take extra leaves	96	48		
	Reduce activity	27	13		
Social life disturbance	Yes	162	54	χ^2 = 1.92	.166
	No	138	46		
Family attitude	Good	216	72	N/A	N/A
	Satisfactory	42	14		
	Bad	24	8		
	Very bad	18	6		
	Good	72	24		
Public attitude	Satisfactory	60	20	N/A	N/A
	Bad	114	38		
	Very bad	54	18		

Table 5: Conflicts, Cooperation, and Attitude of Staff (N = 300)

Variable	Response	n	%	Test statistic	p
Conflicts arise in units	Yes	231	77	$\chi^2 = 87.48$	< .001
	No	69	23		
Reasons for conflicts (n = 231)	Duty roster	115	50	$\chi^2 = 36.76$	< .001
	Shortage of staff	41	18		
	Misbehavior of staff	75	32		
Cooperative administration	Yes	186	62	$\chi^2 = 17.28$	< .001
	No	114	38		

Variable	Response	n	%	Test statistic	p
Satisfaction with duty hours	Yes	96	32	$\chi^2 = 38.88$	< .001
	No	204	68		
Duty roster according to rules	Yes	216	72	$\chi^2 = 58.08$	< .001
	No	84	28		
Attitude of paramedics	Good	168	56	N/A	N/A
	Normal	90	30		
	Bad	42	14		
Attitude of doctors	Good	228	76	N/A	N/A
	Normal	30	10		
	Bad	42	14		

Table 6: Professional Development, Night Duty, and Future Prospects (N = 300)

Variable	Response	n	%	Test statistic	p
Refresher courses arranged	Yes	54	18	$\chi^2 = 62.72$	< .001
	No	246	82		
Suggestions for those without (n = 246)	Should be arranged for all	34	14	$\chi^2 = 205.3$	< .001
	Equal opportunity for all	188	76		
	Prefer senior nurses	24	10		
Bright future in nursing	Yes	228	76	$\chi^2 = 81.12$	< .001
	No	72	24		
Allowances/increments for higher education	Yes (should receive)	300	100	N/A	N/A

Variable	Response	n	%	Test statistic	p
Suggestions for night duty	Perform duty only in female ward	48	16	$\chi^2 = 45.60$	< .001
	Provision of security	120	40		
	Exemption from night duty	60	20		
	Reduce duty hours	72	24		
Work in male ward with peace of mind	Yes	210	70	$\chi^2 = 48.00$	< .001
	No	90	30		
Authority over personnel/resources	Yes	228	76	$\chi^2 = 81.12$	< .001
	No	72	24		

Discussion

The current study found that the workforce in nursing is predominantly female (98%), this aligns with the world trends where nursing is a profession dominated by women in history, social and cultural contexts. New data show that women make up the overwhelming majority of the global nursing workforce, typically over 85 to 90 %, which supports the gendering of the profession and workplace relationships (18-19) . Such gender imbalance has also been associated with exposure to more challenges in the workplace like discrimination, harassment, and inequity in workloads among other things.

The age data of this study as most of the nurses are aged 21-30 years indicates a relatively young workforce. The same trends have been noted in emerging healthcare sectors where young nurses are currently overpowering thanks to high turnover and migration as well as poor retention policies (20). Younger nurses tend to be more susceptible to work-related stress, low job control, and work discontent more often, especially in low-resource environments.

Most of the participants were educated to an undergraduate level (BA/BSc) which is in line with international initiatives to professionalize nursing using higher education. Nevertheless, the comparatively low percentage of postgraduate-qualified nurses indicates the lack of chances to receive further training in most countries with low- and middle-income (LMICs), which may affect the quality of care and leadership (21).

Results of workplace conditions point towards serious concerns. Among nurses, the prevalence of sexual harassment (26% of the nurses) is relatively high and reflects the global estimates that a significant number of nurses have to deal with workplace harassment and violence (22-23). These events are closely linked to psychological distress, a decrease in job satisfaction, and turnover intentions (24) . Moreover, 40 % of the participants said they felt insecure at the workplace, highlighting the importance of enhanced institutional safety.

Staffing and workload issues were recognized as urgent problems, and 82 percent of the nurses reported excessive workloads, and 80 percent of the nurses reported inadequate staffing. The current literature greatly supports these results and

demonstrates that nurse shortages and high patient-to-nurse ratios are the primary factors that contribute to burnout and poor quality of care, as well as poor patient outcomes (20, 25). Systemic workforce gaps are further emphasized by the fact that the respondents expressed the need to have more staff.

Sixty-five percent of the participants indicated job satisfaction, but lack of respect, poor work-life balance, and poor facilities were the major causes of dissatisfaction. Earlier researchers affirm that workplace conditions, appreciation and organizational nurturing are significant factors of nurse satisfaction and retention (19). Though 64 percent of the nurses answered that their salary was adequate to their needs, a significant number still depended on secondary sources of income meaning that they were under economic pressure even though they had jobs.

The effect of nursing on personal and social life is also pointed out in the study. A large 67% said they were affected negatively in family relationships and more than half of them said they had disruptions in social life. These results are not in isolation because a study has found that work-life balance and family functioning are negatively impacted by shift work, long hours, and emotional requirements in nursing (26) .

Another key finding was interpersonal dynamics in the healthcare settings. Most of the nurses said that doctors and colleagues had positive attitudes, but a large proportion of the nurses (77% of the total 238 nurses) reported workplace conflicts, which were mostly related to duty rosters and staff shortages. The role played by organizational factors like leadership style and administrative support is important towards curbing such conflicts and enhancing the cohesion of the team members (27) .

There were a few opportunities in professional development, with 82% saying they had no refresher courses. Constant learning is crucial to clinical competence and better patient outcomes; therefore, the absence of training opportunities can become a stressor to professional development and quality of services (28) . Furthermore, all interviewees pointed to incentives that should be associated with higher education, where career advancement system failures exist. Challenges with night duty, such as safety issues and long working hours were also evident. Most of them suggested increased security, which was indicative of a greater worry regarding workplace safety of nurses, especially those who work night shifts on a feminine basis (29).

On the whole, even with all these challenges, most nurses 76 % were optimistic about the future of the profession which implies resilience and dedication. Nevertheless, the organizational problems, including workloads, staffing, work safety, and shortage of professional development, should be tackled to enhance the well-being of nurses and quality of healthcare services.

Conclusion

The research concludes that nurses are operating amidst several professional and social issues regardless of their moderate levels of job satisfaction. Some of the major problems recognized are excessive workload, personnel shortage, extended duty shifts, insecurity, harassment at the workplace, and inadequate incentives and promotion. Such challenges do not only impact the physical and mental health of nurses but also undermine the quality of care provided to patients. Even though most of the nurses reported that they were satisfied with their career and their pay, there are still major issues that need to be addressed: disrespect, insufficient facilities, and work-life balance. Other social determinants that influence the experiences of nurses include the attitudes of people, family support, and work environment. Moreover, the problem of organizational nature, including lack of training opportunities, weak administrative support in certain instances and lack of proper reward systems, also hinder professional development and motivation within the nurses. On the whole, the results demonstrate the necessity to ameliorate working conditions, provide sufficient

staffing, enhance workplace safety, and provide fair policies to assist and retain nursing professionals that will eventually result in improved healthcare outcomes.

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