

Assessment of Primary Sources of Stress Among Staff Nurses in Sir Gangaram Hospital, Lahore

Tahira Maqsood*, Ammara Sajid, Amina Ashraf, Manaza Noor, Khudija Mushtaq, Khawer Saeeda

College of Nursing and Midwifery, Fatima Jinnah Medical University, Lahore, Pakistan

*Corresponding author's email address: talatmaqsood642@gmail.com

(Received, 24th August 2025, Accepted 22nd November 2025, Published 30th November 2025)

Abstract: Nursing is globally recognised as a highly demanding profession characterised by emotional labour, hierarchical pressures, understaffing, and heavy workloads. In Pakistan, these challenges are intensified by limited healthcare resources, political influence over workplace decisions, and inadequate administrative support, all of which contribute substantially to occupational stress among nurses. **Objective:** To assess the primary sources of occupational stress among staff nurses working at Sir Ganga Ram Hospital, Lahore, and determine the perceived prevalence and burden of stress in their clinical practice. **Methods:** A descriptive cross-sectional study was conducted at Sir Ganga Ram Hospital, Lahore, over six months from February to July 2025. A convenience sample of 384 registered nurses with at least 1 year of experience was surveyed using a validated, structured questionnaire comprising demographic information, a 17-item Likert-based stress scale, and seven dichotomous organisational stress items. Instrument reliability was established through pilot testing, and Cronbach's alpha exceeded 0.70. Data were analysed in SPSS using descriptive statistics. **Results:** The majority of participants were female (95.6%) and married (63.5%). Emotional strain was prevalent: 53.6% sometimes felt upset by unexpected events, and 31.7% often or very often felt nervous or stressed. Nearly 36.2% lacked confidence in handling problems, and 43% felt things were not going well at least sometimes. Workload stress was notable: 31.8% reported a lack of time to complete tasks, and more than half reported persistent staffing shortages. Interpersonal factors, including criticism from physicians, weak team communication, and emotional exhaustion, were frequent. Organisational stressors were prominent, with 60.2% citing political influence and 61.2% attributing stress to management practices. Overall, 81.8% perceived nursing as a stressful profession, and 51% personally reported feeling stressed during duty. **Conclusion:** Nurses at Sir Ganga Ram Hospital experience substantial occupational stress arising from workload burdens, interpersonal conflicts, emotional exhaustion, and organisational limitations. System-level interventions addressing staffing, leadership support, communication, and workload management are required to mitigate stress and enhance nurse wellbeing.

Keywords: Nursing stress, workload, hospital administration, occupational health, workforce

[How to Cite: Maqsood T, Sajid A, Ashraf A, Noor M, Mushtaq K, Saeeda K. Assessment of primary sources of stress among staff nurses in Sir Gangaram Hospital, Lahore. *Biol. Clin. Sci. Res. J.*, 2025; 6(11): 28-31. doi: <https://doi.org/10.54112/bcsrj.v6i11.2091>

Introduction

Nursing is increasingly recognized as a highly stressful profession, significantly impacting the mental and physical wellbeing of nurses globally. Stress in nursing is often attributed to a combination of factors, including high workload, inadequate staffing, and emotional demands associated with patient care (1-3). The experience of occupational stress can lead to serious repercussions, including burnout, mental health disorders, and decreased job satisfaction, which ultimately affect the quality of patient care and the overall efficiency of the healthcare system (4-6).

Sir Gangaram Hospital in Lahore is known for its rigorous demands on staff nurses, exacerbating the stress-related challenges they face. Comparative studies have shown that nurses in hospital settings tend to report higher levels of stress than their counterparts in non-hospital settings (1, 5). This phenomenon has been observed in various geographical contexts, including Pakistan, where factors such as understaffing and inadequate resources significantly contribute to the stress levels among healthcare providers (3, 4).

Furthermore, cultural and systemic issues within the healthcare system in Pakistan, such as limited recognition for the contributions of nurses, low pay, and a lack of professional development opportunities, exacerbate stress among nursing staff. The implications of this occupational stress are profound, influencing not only nurses' psychological health but also their physical wellbeing, as evidenced by the prevalence of musculoskeletal disorders due to poor working conditions and exposure to violence in the workplace (8).

In recent years, various studies have highlighted the prevalence of occupational stress among nurses in different countries, with rates often

exceeding 40% (9, 10). For instance, research from Ethiopia found that 47.8% of hospital nurses reported significant stress, influenced by factors such as workload and interpersonal conflicts (2). Similar findings in healthcare settings underscore the global nature of this issue, indicating that alleviating stress among nurses is a universal challenge requiring targeted interventions (1, 2).

The unique context of Pakistani healthcare, characterized by a mix of cultural expectations and professional demands, necessitates a focused evaluation of the primary sources of stress among nurses at Sir Gangaram Hospital. By identifying these stressors, healthcare administrators can formulate effective strategies that not only enhance the working environment for nurses but also improve patient care outcomes (11).

Thus, assessing stress among staff nurses is crucial, particularly in high-demand hospitals such as Sir Gangaram Hospital, to foster a healthier work environment and ultimately improve healthcare delivery in Pakistan.

Methodology

This investigation employed a descriptive cross-sectional quantitative design to evaluate occupational stress among staff nurses. The design enabled systematic assessment of stress levels and contributory factors in their natural clinical context without manipulation of variables. The study was conducted at Sir Ganga Ram Hospital in Lahore, a tertiary care teaching hospital that provides a wide range of medical and surgical services. Data were collected over six months, from February to July 2025.

The target population comprised registered nurses working across different hospital units. Eligibility criteria required nurses to have at least

1 year of clinical experience, be able to read English, and be willing to provide informed consent. Nurses who were on leave, had less than one year of service, belonged to allied health professions, or declined participation were excluded. Convenience sampling was used due to ease of access, and the sample size was calculated using Cochran's formula for the population proportion, assuming a 50% prevalence, a 5% margin of error, and a 95% confidence interval. The computation yielded a required sample of 384, which was rounded to 385 participants.

Data were collected using a structured self-administered questionnaire. The instrument consisted of demographic questions, a stress assessment component derived from validated scales including the Nursing Stress Scale and Perceived Stress Scale, and a dichotomous checklist of organisational stress factors. The stress scale contained 17 items scored on a five-point Likert scale, with cumulative scores interpreted as low, moderate, or high stress. The dichotomous section comprised seven items scored as yes or no, categorising respondents according to the number of workplace stressors they encountered. Before the primary survey, a pilot test involving 10% of the sample was conducted to assess clarity and feasibility. Content and face validation were ensured through expert review, and internal consistency reliability was confirmed by a Cronbach alpha value exceeding the acceptable threshold of 0.70.

The institutional review board of Fatima Jinnah Medical University granted ethical clearance. Hospital administration permitted data collection, and informed written consent was obtained from all participants. Confidentiality was assured through anonymous coding and secure storage of completed questionnaires. Data were collected by the researcher during duty hours, with participants given adequate time and explanation before submitting their responses.

Data were cleaned, coded, and entered into SPSS (version 2025). Descriptive analysis was applied, with frequencies and percentages computed for categorical variables, and mean values calculated for scaled responses. Findings were summarised in tables and figures to facilitate interpretation. The primary outcomes included classifying nurses' stress levels and identifying intrinsic and extrinsic stressors contributing to workplace strain. In contrast, secondary outcomes assessed the perceived

burden of organisational pressures and the overall prevalence of stress within nursing practice.

Results

A total of 384 nurses participated. Most were female (95.6 percent), and a majority were married (63.5 percent). Educational attainment ranged from a diploma (24.5 percent) to a bachelor's degree (37.5 percent), and only 3.1 percent reported a master's-level qualification. Work experience varied, with 35.9 percent having one to five years of experience, 27.1 percent reporting eleven to fifteen years, and 22.1 percent having six to ten years of professional practice. (Table 1).

More than half of respondents (53.6 percent) sometimes felt upset due to unexpected events, and 31.7 percent often or very often felt nervous and stressed. Although 36.2 percent rarely felt confident in handling problems, one in five frequently felt satisfied. Nearly 43% sometimes felt that things were not going their way, and 20.1% at least fairly often struggled to cope. (Table 2).

A significant proportion reported time pressure, inadequate staffing, and resource shortages. One third reported inadequate time for tasks at least sometimes. Staffing deficits affected over half of the respondents. Communication breakdowns, physician unavailability during emergencies, and frequent clerical work also contributed to stress. (Table 3)

Thirty percent sometimes lacked the opportunity to openly discuss problems with colleagues, while 25.2 percent experienced this fairly often or very often. Criticism by physicians, emotional fatigue from caring for families, fear of errors, and conflict with colleagues, and pressure from supervisors or administrators were also reported. Notably, 60.2 percent believed political influence affected workplace stress, and 61.2 percent attributed stress to management actions. (Table 4A, B)

Most respondents (81.8 percent) believed that nurses generally experience stress in their role. More than half (51 percent) personally reported feeling stressed during their duty. (Table 5).

Table 01. Demographic Profile of Participants (N = 384)

Variable	Category	Frequency	Percentage
Gender	Male	17	4.4
	Female	367	95.6
Marital Status	Married	244	63.5
	Unmarried	140	36.5
Education	Masters	12	3.1
	Bachelors	144	37.5
	General Nursing	134	34.9
	Diploma	94	24.5
Experience	Less than one year	57	14.8
	One to five years	138	35.9
	Six to ten years	85	22.1
	Eleven to fifteen years	104	27.1

Table 02. Emotional and Psychological Stress Responses

Item	Never	Rarely	Sometimes	Fairly Often	Very Often
Upset due to unexpected events	12.5	15.1	53.6	4.9	13.8
Unable to control tasks	15.9	22.4	38.3	11.5	12.0
Felt nervous or stressed	10.2	21.4	37.2	23.7	7.6
Felt confident about handling problems	3.4	36.2	25.3	15.1	20.1
Felt things were not going well	14.1	21.4	43.0	16.1	5.5
Unable to cope	31.8	11.7	36.5	15.9	4.2

Table 03. Workload and System-Related Stressors

Stressor	Never	Rarely	Sometimes	Fairly Often	Very Often
Lack of time to complete tasks	22.9	24.0	31.8	14.8	6.5
Inadequate staffing	18.2	27.9	26.8	13.3	13.8

Lack of drugs/equipment	15.6	38.8	22.1	13.0	10.4
Communication breakdown	16.7	26.6	32.8	13.3	10.7
Physician is unavailable in the emergency	33.6	17.7	29.4	8.1	11.2
Excessive non-nursing duties	16.9	24.0	28.6	13.5	16.9

Table 04A. Interpersonal Stress Indicators among Nurses

Indicator	Never (%)	Rarely (%)	Sometimes (%)	Fairly Often (%)	Very Often (%)
Lack of opportunity for open communication	26.3	18.0	30.5	20.8	4.4
Criticism by physicians	32.3	20.8	25.5	10.7	10.7
Unprepared for the emotional support of families	19.5	10.7	49.7	10.7	9.4
Fear of making mistakes	47.9	13.5	21.4	10.2	7.0
Difficulty working with colleagues	45.3	16.9	23.2	7.6	7.0

Table 04B. Structural and Organisational Stress Indicators among Nurses

Indicator	Yes (%)	No (%)
Trouble with supervisors or administrators	25.5	74.5
Feel insecure regarding the job	14.6	85.4
Political influence contributes to stress	60.2	39.8
Management contributes to stress	61.2	38.8
Unable to take holidays freely	38.3	61.7

Table 05. Perception of Stress among Nurses

Item	Yes (%)	No (%)
Do nurses generally feel stressed	81.8	18.2
Do you personally feel stressed	51.0	49.0

Discussion

The results of our assessment of the primary sources of stress among staff nurses at Sir Gangaram Hospital reveal critical insights that align with existing literature on occupational stress in nursing. A total of 384 nurses participated in the study, predominantly female (95.6%) and mostly married (63.5%), with educational qualifications ranging from diplomas to bachelor's degrees. This demographic reflects similar trends observed in the literature, in which the nursing workforce is predominantly female and often characterized by high levels of job-related stress (12,13).

Our findings show that more than half of respondents (53.6%) sometimes felt upset due to unexpected events, and about one-third often felt nervous or stressed. Previous studies corroborate that emotional exhaustion and workplace stress are prevalent among nursing professionals worldwide. For instance, Shorey and Wong conducted a systematic review that highlighted how environmental pressures, including unexpected events and high emotional demand, significantly contribute to stress levels among nurses (14). Additionally, about 36.2% of our respondents reported rarely feeling confident in handling problems, reinforcing findings by Bakhsh et al., who noted that a lack of confidence in high-stakes environments contributes directly to job-related stress and burnout (15).

Identified stressors, such as inadequate staffing and excessive workload, align with findings from various studies globally. In our study, adverse responses to workload were notable, with 31.8% reporting a lack of time to complete tasks sometimes or often. This aligns with research by Budin et al., which discusses the significant stress caused by workload issues and the insufficient resources to cope with those demands (16). The staffing shortages affecting over half of the respondents also mirror findings in comparative studies, indicating that inadequate staffing directly correlates with elevated stress levels and diminished job satisfaction among nurses (17).

Responses to the interpersonal stress indicators indicate that a lack of open communication is a significant stressor for our respondents. About 30% reported sometimes lacking the opportunity to discuss problems with colleagues. This concern is echoed in numerous studies emphasizing the critical need for effective communication among healthcare teams to

alleviate stress (18, 19). Moreover, the criticism from physicians and the emotional fatigue from supporting families, as noted by our respondents, reflect issues highlighted in qualitative inquiries by Vallone and Zurlo, suggesting that criticism can exacerbate feelings of inadequacy and stress among nurses (20).

Furthermore, the perception of political influence and management actions contributing to stress is significant. Our findings showed that about 60.2% believed that political influences affected workplace stress, consistent with observations in the literature that organizational politics and management style significantly impact nurse wellbeing and job satisfaction (21).

Notably, 81.8% of respondents perceived that nurses generally experience stress, and 51% reported feeling stressed during their duties. This is consistent with broader findings on the nursing profession, emphasizing that stress is a pervasive issue among healthcare workers. Kwiecień-Jaguś et al. highlighted that perceptions of stress within nursing not only affect individual wellbeing but also overall team dynamics and patient care quality (22, 23). Such perceptions underscore a critical need for organizational interventions to improve working conditions and tackle these pervasive stressors effectively.

This study has limitations that may affect the interpretation of its findings. Convenience sampling and the single-site hospital setting restrict generalisability, as organisational culture and workload dynamics may differ elsewhere. Self-reported data are subject to recall and social desirability bias, and the cross-sectional design precludes inference of causal relationships between stressors and stress levels. Inclusion of only English-proficient nurses may have excluded eligible participants and introduced selection bias. Despite these constraints, the study offers critical insight into occupational stress among nurses and highlights areas for administrative intervention.

Conclusion

This study demonstrates that staff nurses at Sir Ganga Ram Hospital face high levels of occupational stress driven by resource shortages, workload pressure, emotional exhaustion, interpersonal challenges, and organisational issues, including political influence and managerial

practices. More than half of the nurses reported personal stress at work, highlighting the urgency for reforms in staffing, leadership support, communication culture, and provision of essential supplies. Strengthening organisational systems and providing supportive leadership environments can improve nurse wellbeing, enhance job satisfaction, and ultimately improve the quality of patient care.

Declarations

Data Availability statement

All data generated or analysed during the study are included in the manuscript.

Ethics approval and consent to participate

Approved by the department concerned. (IRBEC-24)

Consent for publication

Approved

Funding

Not applicable

Conflict of interest

The authors declared no conflict of interest.

Author Contribution

TM

Manuscript drafting, Study Design,

AS

Review of Literature, Data entry, Data analysis, and drafting an article.

AA

Conception of Study, Development of Research Methodology Design

MN

Study Design, manuscript review, and critical input.

KM

Manuscript drafting, Study Design,

KS

Review of Literature, Data entry, Data analysis, and drafting an article.

All authors reviewed the results and approved the final version of the manuscript. They are also accountable for the study's integrity.

References

1. Robat R., Fauzi M., Saruan N., Yusoff H., & Harith A.. Why so stressed? A comparative study on stressors and stress between hospital and non-hospital nurses. BMC Nursing 2021;20(1). <https://doi.org/10.1186/s12912-020-00511-0>
2. Werke E. and Weret Z. Occupational stress and associated factors among nurses working at public hospitals of Addis Ababa, Ethiopia, 2022; a hospital-based cross-sectional study. Frontiers in Public Health 2023;11. <https://doi.org/10.3389/fpubh.2023.1147086>
3. Albelbeisi A., Al-amoudi S., Anabri A., Obaid H., Alijla F., & Kakemam E. Occupational stress and associated sources and risk factors among nurses in the Gaza Strip, Palestine: a cross-sectional survey. Nursing Open 2024;11(8). <https://doi.org/10.1002/nop2.70004>
4. Ghelichkhani F., Mohammadi A., Mohammadshahi F., Khalili-Shomia S., Azadi A., & Bahrami-Vazir E. The association between sociodemographic characteristics, creativity, and occupational stress among nurses working in Ilam hospitals, Iran (2019). Journal of Occupational Health and Epidemiology 2022;11(2):129-137. <https://doi.org/10.52547/johe.11.2.129>
5. Alharbi S. and Hasan A. Occupational stress, coping strategies, and quality of life among nurses in general and psychiatric settings in Jeddah City, KSA. Open Journal of Psychiatry 2019;09(02):124-137. <https://doi.org/10.4236/ojpsych.2019.92010>
6. Florence B. and Maina M. Effects of occupational stress on the mental health of nurses in the Limbe and Buea regional hospitals, Cameroon. American Journal of Health Medicine and Nursing Practice 2024;10(1):65-80. <https://doi.org/10.47672/ajhmn.1880>

7. Lin S., Lin L., Liu C., Fang C., & Lin M. Exploring the factors affecting musculoskeletal disorders risk among hospital nurses. Plos One 2020;15(4):e0231319. <https://doi.org/10.1371/journal.pone.0231319>
8. Gräske J.. Nurses' experience of violence and post-traumatic stress disorder in Germany: a cross-sectional study. Journal of Research in Nursing 2025. <https://doi.org/10.1177/17449871251382431>
9. Gu B., Tan Q., & Zhao S. The association between occupational stress and psychosomatic wellbeing among chinese nurses. Medicine 2019;98(22):e15836. <https://doi.org/10.1097/md.00000000000015836>
10. Oyediran O., Oloyede O., Ayandiran E., Olatubi M., & Faremi F. Occupational stress and perceived quality of life among clinical nurses: a cross-sectional study in a Nigerian state. 2022:1-18. <https://doi.org/10.47260/johphn/811>
11. ANCHAL A., Noor M., Imtiaz M., TESNEEM S., & JABEEN R. Prevalence of missed nursing care among senior nursing staff. Biological and Clinical Sciences Research Journal 2024;2024(1):1288. <https://doi.org/10.54112/bcsrj.v2024i1.1288>
12. Hamdan-Mansour A., Al-Gamal E., Puskar K., Yacoub M., & Marini A. Mental health nursing in Jordan: an investigation into experience, work stress, and organizational support. International Journal of Mental Health Nursing 2011;20(2):86-94. <https://doi.org/10.1111/j.1447-0349.2010.00716.x>
13. ANCHAL A., Noor M., Imtiaz M., TESNEEM S., & JABEEN R. Prevalence of missed nursing care among senior nursing staff. Biological and Clinical Sciences Research Journal 2024;2024(1):1288. <https://doi.org/10.54112/bcsrj.v2024i1.1288>
14. Shorey S. and Wong P. A qualitative systematic review on nurses' experiences of workplace bullying and implications for nursing practice. Journal of Advanced Nursing 2021;77(11):4306-4320. <https://doi.org/10.1111/jan.14912>
15. Bakhsh L., Al-Hazmi A., BaMohammed A., Binishaq E., Abdullah G., Bajal R. et al. Emotions, perceived stressors, and coping strategies among nursing staff in Saudi Arabia during the COVID-19 pandemic. Cureus 2023. <https://doi.org/10.7759/cureus.48284>
16. Budin W., Brewer C., Chao Y., & Kovner C. Verbal abuse from nurse colleagues and work environment of early career registered nurses. Journal of Nursing Scholarship 2013;45(3):308-316. <https://doi.org/10.1111/jnu.12033>
17. Lim J., Bogossian F., & Ahern K. Stress and coping in Australian nurses: a systematic review. International Nursing Review 2010;57(1):22-31. <https://doi.org/10.1111/j.1466-7657.2009.00765.x>
18. Mangoulia P., Koukia E., Alevizopoulos G., Fildissis G., & Katostaras T. Prevalence of secondary traumatic stress among psychiatric nurses in Greece. Archives of Psychiatric Nursing 2015;29(5):333-338. <https://doi.org/10.1016/j.apnu.2015.06.001>
19. Işık I., Gümüşkaya O., Şen S., & Özkan H.. The elephant in the room: nurses' views on communication failures and recommendations to improve perioperative care. Aorn Journal 2019;111(1). <https://doi.org/10.1002/aorn.12899>
20. Vallone F. and Zurlo M. Stress, interpersonal and inter-role conflicts, and psychological health conditions among nurses: vicious and virtuous circles within and beyond the wards. BMC Psychology 2024;12(1). <https://doi.org/10.1186/s40359-024-01676-y>
21. Foster K., Roche M., Giandinoto J., Platania-Phung C., & Furness T. Mental health matters: a cross-sectional study of mental health nurses' health-related quality of life and work-related stressors. International Journal of Mental Health Nursing 2020;30(3):624-634. <https://doi.org/10.1111/inm.12823>
22. Kwiecień-Jaguś K., Mędrzycka-Dąbrowska W., Chamienia A., & Kiełaitė V. Stress factors vs. job satisfaction among nursing staff in the Pomeranian province (Poland) and the Vilnius region (Lithuania). Annals of Agricultural and Environmental Medicine 2018;25(4):616-624. <https://doi.org/10.26444/aaem/75801>
23. Vermeesch A., Garrigues L., & Littzen-Brown C. Integrative wellness approaches to mitigate perceived stress, increase vitality, and build community during COVID-19: a pilot study. International Journal of Environmental Research and Public Health 2022;19(24):16463. <https://doi.org/10.3390/ijerph192416463>



Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, <http://creativecommons.org/licenses/by/4.0/>. © The Author(s) 2025